847-108-014-415

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 10 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7 File No. 97126

No. ..... St.

Primary Registration District No. 1226 Registered No. .....

Hospital .....

FULL NAME OF CHILD Leslie Clayton Hughes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male			Yes	June	8	1921

FATHER

FULL NAME: Leslie Clayton Hughes

RESIDENCE: Nampa

COLOR: White

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Colorado.

OCCUPATION: Labor

MOTHER

FULL MAIDEN NAME: Ruth E Davis.

RESIDENCE: Nampa

COLOR: White

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Colorado.

OCCUPATION: Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:35 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Fink MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address .....

Filed Jan 12 1922 Pearce Dodds
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 15 1942

753-109-014-413

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED JAN 10 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

97127

County of Canyon

City of Nampa

No. 410-11th Av. So. St.

Registration District No. 7 File No.

Primary Registration District No. [illegible] Registered No.

Hospital

FULL NAME OF CHILD Donald Kenneth Peters

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Jan (Month) 9 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Kenneth K. Peters	FULL MAIDEN NAME	Ruth Patten
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Nebraska
OCCUPATION	Salesman	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9:38 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W Chilton

(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Registrar

Address Nampa Idaho

Filed Jan. 10 1922 [illegible]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 2 6 1968

NOV 2 3 1971

157-103-026-813

PLACE OF BIRTH

RECEIVED
JAN 19 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Jefferson

City of Labelle

Registration District No. 98

File No. 97309

No. ..... St.

Hospital .....

Primary Registration District No. 2176

Registered No. 1

FULL NAME OF CHILD James Gerald Anglesey

Sex of Child M

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? yes

Date of Birth 1 (Month) 3 (Day) 22 (Year)

FATHER

FULL NAME Walter Anglesey

RESIDENCE Labelle

COLOR W

AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Ida

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Alice Hall

RESIDENCE Labelle

COLOR W

AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Ida

OCCUPATION At home

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

(Signature) Ray H Fisher

(Physician or midwife)

Address Rigby

Filed 1-19 19 22 Ray H Fisher

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 1942

4/93-201-026-355

PLACE OF BIRTH

Form V. S. No. 11—20m-7-20-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 10 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

97338

County of Jefferson

City of Mud Springs

Registration District No. 98 File No.

No. St.

Primary Registration District No. 2176 Registered No. 6

Hospital

FULL NAME OF CHILD Iris Ohora Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
F			Yes	1 — 1 — 22

FATHER		MOTHER	
FULL NAME	Edwin Thore Miller	FULL MAIDEN NAME	Mary Ann Leek
RESIDENCE	Spring Lake	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	At home

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D. Jones
(Physician or midwife)

Address Roberts

Given names added from a supplemental report. 19

Registrar.

Filed 1 — 10 19 22 Ray H. Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-201-026-314

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED JAN 10 1922 BUREAU OF VITAL STATISTICS

97341

County of Jefferson

City of Lewisville

Registration District No. 98 File No.

No. St.

Hospital

Primary Registration District No. 2176 Registered No. 2

FULL NAME OF CHILD ETHEL Walker

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	1 - 1 - 22

FATHER		MOTHER	
FULL NAME	Geo. D. Walker	FULL MAIDEN NAME	Ruth Campbell
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	At home

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5-30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar.

(Signature) Ray H Fisher

(Physician or midwife)

Address Rigby

Filed 1-10 19 22 Ray H Fisher Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 27 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jefferson } ss.

Certificate No. 97341

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ruth Josephine Walker (Name on Original Certificate) who born (Was Born or Died) on Jan 1st, 1922 (Date of Event)
in Lewisville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on Feb. 10th, 1982 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Ruth Josephine	Ethel Walker

Subscribed and sworn to before me this 30
day of July, 1943
Notary Public, residing at Rigby, Idaho.
My commission expires Nov. 9th, 1946
(Seal)

Signed Ruth Walker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rigby, ---l, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Jefferson } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30
day of July, 19 43
Notary Public, residing at Rigby, Idaho.
My commission expires Nov. 9th, 1946
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)
Rigby, Idaho.
(Street Address, City, State)

819-102-029-392

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

No. ..... St.

Hospital .....

RECEIVED JAN 1 1922

Registration District No. 65 File No. 97405

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD Sherman. Irvin. Harrison.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		✓	yes.	Jan (Month) 2 (Day) 1922 (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Irvin. Harrison.	FULL MAIDEN NAME	Dora Libey
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Washington	BIRTHPLACE	Missouri
OCCUPATION	Labour	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J. W. Thompson
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Potlatch Idaho

Filed Jan 9th 1922 Dr J. W. Thompson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 3 1941

455-208-029-454

RECEIVED JAN 1 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah · City of Potlatch · No. ____ St. · Hospital ____

Registration District No. 65 · File No. 97409

Primary Registration District No. 2145 · Registered No. ____

FULL NAME OF CHILD Ida - Louise Dennison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	V	2	Yes ·	Jan 8 1922

FATHER		MOTHER	
FULL NAME	Tracey E. Dennison.	FULL MAIDEN NAME	Verna Reynolds.
RESIDENCE	Potlatch 955 Pine	RESIDENCE	Potlatch
COLOR	W	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Wash.	BIRTHPLACE	Wash.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 · Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 6 P. M. on the date above stated.

(Signature) D. J. Thompson M. D.

(Physician or midwife)

Address Potlatch

Filed Jan 10 1922 D. J. Thompson Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

393-104-037-689

PLACE OF BIRTH

RECEIVED
JAN 10 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF ~~PUBLIC WELFARE~~
BUREAU OF VITAL STATISTICS

~~CERTIFICATE OF BIRTH~~

97537

County of Ururhee

City of Grand View

No. ..... St.

Registration District No. 74 File No. 1

Hospital ..... Primary Registration District No. 2151 Registered No. 27

FULL NAME OF CHILD Ray C. Little

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 5 1922

What bactericidal solution was used in eyes? Cargyrol 10 %

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Cager Little	FULL MAIDEN NAME	Ethel White
RESIDENCE	Grand View	RESIDENCE	Grand View
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, **at** 5:45 a. M. **on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr W J Eikenbuck

Physician

(Physician or midwife)

Address Grand View

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Jan 10 1922 W J Eikenbuck

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-206-041-454

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Teton

RECEIVED
JAN 10 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Felt

Registration District No. 77 File No. 97597

No. ..... St.

Primary Registration District No. 2176 Registered No. Three

Hospital .....

FULL NAME OF CHILD EILEEN BERNTSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan. 6 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hiramile Bernstein	FULL MAIDEN NAME	Lorraine Denbaum
RESIDENCE	Felt, Ida	RESIDENCE	Felt, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Dugger, Ida

Filed 1/6 1922 Martha Marker
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Dup of 1920-97974

SEP 2 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Teton }

Certificate No. 97517
Date Filed AUG 12 1941

The undersigned does solemnly swear that certain facts in the certificate of Birth (Birth or death)
for Eileen Bernteson (Name on original certificate) who was born (Was born or died) on Jan 6, 1922 (Date of event)
in Felt Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on Jan 6 1922 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Birth date		
Name	omitted	Eileen Bernteson

Subscribed and sworn to before me this 12th day of Sept, 1941

H C Mecham
Notary Public, residing at Jacksonville Ore

My commission expires ... 10, 19..
[SEAL]

Signed Mrs H. A. Bernteson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Oregon } ss.
County of Jackson }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of Sept, 1941

H C Mecham
Notary Public, residing at Jacksonville Ore

My commission expires ... My Commission Expires February 10, 1943
[SEAL]

Signed Thelma Agnes
(Signature of any credible person other than the previous affiant)

Jacksonville Oregon
(Street Address, City, State)

Received for filing on ... by ...
(Registrar's signature)

AUG 27 1971

265-129-001-695

TYPE OR PRINT IN PERMANENT INK

State of Idaho
CERTIFICATE OF LIVE BIRTH

State File No. 97634
Local Reg. No. 49
Reg. Dist. No. 2

CHILD

1. CHILD-NAME FIRST	MIDDLE	LAST	2. SEX	3a. DATE OF BIRTH (Mo., Day, Yr.)	3b. HOUR
HARLEY	GORDON	BOVEN	Male	Jan 29 1922	6:45P M

4a. INSTITUTION NAME (If not in hospital or clinic, give street and number)	4b. CITY, TOWN OR LOCATION OF BIRTH	4c. COUNTY OF BIRTH
St. Luke's	Boise	Ada

CERTIFIER

I certify that stated information concerning this child is true to the best of my knowledge and belief.

5a. (Signature) ▶	5b. DATE SIGNED (Mo, Day, Yr.)	5c. NAME AND TITLE OF ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or print)
Edward T. Biwer, M.D.		

5d. CERTIFIER NAME AND TITLE (Type or print)	5e. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)
Edward T. Biwer, M.D.	303-304 McCarty Bldg.

6a. REGISTRAR (Signature) ▶	6b. DATE RECEIVED BY REGISTRAR (Month, Day, Year)
R. H. Pratt	February 6, 1922

MOTHER

7a. MOTHER-MAIDEN NAME FIRST	MIDDLE	LAST	7b. AGE	7c. STATE OF BIRTH (If not in U.S.A., name country)
Mildred		Freeman	19	Nebraska

8a. RESIDENCE STATE	8b. COUNTY	8c. CITY, TOWN OR LOCATION	8d. STREET AND NUMBER OF RESIDENCE	8e. INSIDE CITY LIMITS (Yes or No)
Idaho	Ada	Boise		

9. MOTHER'S MAILING ADDRESS - If same as above, enter Zip Code only — ZIP CODE

FATHER

10a. FATHER-NAME FIRST	MIDDLE	LAST	10b. AGE	10c. STATE OF BIRTH (If not in U.S.A., name country)
Vern	LeRoy	Boven	19	Illinois

I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.

11a. (Signature of Parent or Other Informant) ▶	11b. RELATION TO CHILD
Mildred Boven	Mother

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

12. RACE-MOTHER (White, Black, American Indian, Japanese, etc.)	13. RACE-FATHER (White, Black, American Indian, Japanese, etc.)	14. BIRTH WEIGHT	15a. THIS BIRTH - Single, twin, triplet, etc.	15b. IF NOT SINGLE - Born first, second, third, etc.	16. IS MOTHER MARRIED? (At birth, conception, or any time between) (Yes or No)

PREGNANCY HISTORY (Complete each section)

LIVE BIRTHS (Do not include this Child)	OTHER BIRTHS/TERMINATIONS (Include stillbirths, miscarriages, and induced terminations)

EDUCATION – MOTHER (Specify only highest grade completed)		EDUCATION – FATHER (Specify only highest grade completed)	
Elementary or Secondary (0-12)	College (1-4 or 5+)	Elementary or Secondary (0-12)	College (1-4 or 5+)

DEATH UNDER ONE YEAR OF AGE
Enter State File Number of death certificate for this child

SEP 27 1984

234-203-001-234

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. R.F.D. #4 St.

Registration District No. 8 File No. 97640

Hospital

Primary Registration District No. 2008 Registered No. 7

FULL NAME OF CHILD Shirley Kluckhohn
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Jan (Day) 3 (Year) 1922
Female		Yes	

What bactericidal solution was used in eyes? 2% Silver Nitrate

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	William O. Kluckhohn	FULL MAIDEN NAME	Lucy N. Kluckhohn
RESIDENCE	Boise R.F.D. #4	RESIDENCE	Boise R.F.D. #4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	New Haven, Mo.	BIRTHPLACE	Lincoln, Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. D. Anderson D.O.

(Physician ~~or midwife~~)

Address 319 Idaho Bldg.

Filed Jan 11 1923 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

N. B.—In case of more than one child at birth a SEPARATE and the number of each, in order of birth stated.

866-121-001-791

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of near Ustick

No. ..... St.

Hospital .....

Registration District No. 8 File No. 97643

Primary Registration District No. 2008 Registered No. 10

FULL NAME OF CHILD David William Howland
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Jan 21 1922

What bactericidal solution was used in eyes? Creedes Solution

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Albert Jas Howland	FULL MAIDEN NAME	Cora Graham
RESIDENCE	near Ustick	RESIDENCE	near Ustick
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ill —	BIRTHPLACE	Texas
OCCUPATION	farmer	OCCUPATION	H W

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bouk
(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Boise Ida

Filed Jan 28 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City ..... Street ..... County .....

File Number ..... 97643 .....

Registration Dist. No. .....

Sex of Child ..... Male .....

Date of Birth ..... 192....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

David William Howland
Child's Name in Full

Albert Jas. & Dora Howland
Signature of Father or Mother

AUG

792-7136-886-000

PLACE OF BIRTH

RECEIVED
FEB 6 - 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 97644

County of Ada

City of Meridian

No. ..... St. Registration District No. ..... File No. .....

Hospital ..... Primary Registration District No. 11 Registered No. 13

FULL NAME OF CHILD Neal Pike

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	1 31 1922

What bactericidal solution was used in eyes? 1% Sol Silver Nitrate

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Grant Pike	FULL MAIDEN NAME	Blanch E.
RESIDENCE	Meridian Idaho	RESIDENCE	Meridian Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Colorado
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:12 a. M. **on the date above stated.**

(Signature) H. F. Neal

Physician

(Physician or midwife)

Address Meridian Idaho

Filed Feb. 1 1922 H. F. Neal

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-110-001-266

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED FEB 6 - 1922 BUREAU OF VITAL STATISTICS

County of Ada

City of Meridian

No. ..... St. Registration District No. ..... File No. 97646

Hospital ..... Primary Registration District No. ..... Registered No. 10

FULL NAME OF CHILD Wilmer Hilton Dick
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Jan. 10 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wilmer Hensel Dick	FULL MAIDEN NAME	Luita Bowen
RESIDENCE	Meridian Ida	RESIDENCE	Meridian Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Fayette Co. - Penn.	BIRTHPLACE	Eldorado Kan.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Numbers Jr.
(Physician or midwife)

Address Meridian Ida

Filed Feb 1 1922 H. F. Neal
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1 1965

NOV 14 1942

DEC 1941

S19-212-001-295 AMENDED CHILD'S NAME 6-11-97 MS

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. RR2 St.

FEB 6 1922
BUREAU OF VITAL STATISTICS

Registration District No. ____ File No. 97647

Hospital ____ Primary Registration District No. 11 Registered No. 11

FULL NAME OF CHILD ~~Margaret~~ MARGARETT Hazel Crail

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Jan. 12 1922

What bactericidal solution was used in eyes? 1% Sol Silver Nitrate

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Nathan D. Crail	FULL MAIDEN NAME Lillie May King
RESIDENCE Meridian R.R 3.	RESIDENCE Meridian R.R 3. Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Missouri
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 7.10 P born alive at 7.10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H.F. Neal M.D.
(Physician or midwife)

Address Meridian Idaho

Filed Jan. 24 1922 H.F. Neal
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 8 -1950

MAY 1 6 1968

4-18-97

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS

State of _____
County of _____ } ss. 97 APR 22 AM 9:28

Certificate No. 1922-97647
Date Filed FEB. 6, 1922

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for MARGARET HAZEL VAIL (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on JAN. 12, 1922 (Date of Event)

in MERIDIAN (ADA) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	MARGARET HAZEL VAIL	MARGARETT HAZEL VAIL

Subscribed and sworn to before me this 21 day of April, 1997.

Notary Public, Lynda M. Chambers
Residing at Nampa, ID
My commission expires 8-20-2002
(Seal)

Denise Bell Caldwell
Signature of Applicant

143 Old Blvd Nampa ID 83651
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Canyon } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of April, 1997.

Notary Public, Lynda M. Chambers
Residing at Nampa, ID
My commission expires 8-20-2002
(Seal)

Supporting Signature

Street Address, City, State

Ltr sent 4-1-97

1981 REISIDENT GAME LICENSE ISSUED OCT. 5, 1981 TO MARGARETT VAIL TAYLOR BORN JAN. 12, 1922 VIEWED VS.

SOCIAL SECURITY CARD ISSUED DEC. 14, 1937 TO MARGARETT HAZEL VAIL VIEWED VS.

689-116-001-843

PLACE OF BIRTH

RECEIVED
FEB 6 - 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. ..... St. ..... Registration District No. .....

File No. 97648

Hospital ..... Primary Registration District No. 11

Registered No. 12

FULL NAME OF CHILD Lynn Darrell Whittig

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	1 12 1922

What bactericidal solution was used in eyes? 1% sol. Silver Nitrate

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Don A. Whittig	FULL MAIDEN NAME	Florence Hutton
RESIDENCE	Meridian	RESIDENCE	Meridian Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... **Registrar.**

(Signature) H F Neal

M. D.
(Physician or midwife)

Address Meridian Idaho

Filed Jan 20 1922 H F Neal
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-214-001-639

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 1 - 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of North of Meridian

No. South of Eagle St.

Registration District No. 9+10 File No. 97650

Primary Registration District No. Registered No. 1

Hospital

FULL NAME OF CHILD Bonnie Dee Mallock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Jan 14 1922

FATHER		MOTHER	
FULL NAME	Coy Albert Mallock	FULL MAIDEN NAME	Helen Beatrice Oliver
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Colorado
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo M K Hall
M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Eagle Ida

Orville Jackson
Eagle Idaho
Registrar.

Filed Jan 20 1922 Orville Jackson
Eagle Idaho
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866-125-001-367

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 1 - 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

97651

County of Ada

City of Eagle Registration District No. 9r 10 File No.

No. 1 St.

Primary Registration District No. Registered No. 1

Hospital

FULL NAME OF CHILD Harlan Hoffman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Jan 25 1922

FATHER		MOTHER	
FULL NAME	Wm T. Hoffman	FULL MAIDEN NAME	Florence Copeland
RESIDENCE	Eagle	RESIDENCE	Eagle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Washington
OCCUPATION	Rancher	OCCUPATION	Home wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. K. Hall M. D.
(Physician or midwife)

Address Eagle Ida

Given names added from a supplemental report. 19

Filed Jan 27 1922

Orville Jackson Registrar.
Eagle Idaho

Orville Jackson Registrar.
Eagle Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-108-001-743

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 97653

County of Ada
City of Boise
No. 1417 E State St. Registration District No. 2 File No.
Hospital Primary Registration District No. 1004 Registered No. 16

FULL NAME OF CHILD ~~Lawrence~~ THOMAS Ross Kennedy
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes.	Jan 8 1922

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	Lawrence Ross Kennedy Sr	FULL MAIDEN NAME	Ethel C Palmer
RESIDENCE	1417 E State	RESIDENCE	1417 E State
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Calif.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 10 P M. on the date above stated.
(Born alive or stillborn)

(Signature) John Boucher

(Physician or midwife)

Address Boise Ida

Filed June 11 1922 R. H. Pratt
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 97653

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)

for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)

in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Clarence	Thomas Ross Kennedy

Subscribed and sworn to before me this 5th day of November, 19 42

Marion E. Orr

Notary Public, residing at Boise, Idaho

My commission expires 6-24-46

(Seal)

Signed Stella Freeland

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

_____

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____

Notary Public, residing at _____

My commission expires _____

(Seal)

Signed _____

(Signature of Any Credible Person Other Than Previous Year)

_____

(Street Address, City, State)

APR 29 1958

NOV 5 1942

437-106-001-235

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED FEB 3 - 1922 BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

Registration District No. ..... File No. 97654

No. ..... St.

Primary Registration District No. ..... Registered No. 17

Hospital St. Lukes

FULL NAME OF CHILD Hugh Thompson McGee

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 1 - 6 - 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Guy C. McGee	FULL MAIDEN NAME	Nellie Sterling
RESIDENCE	1205 N. 17th, Boise	RESIDENCE	1205 N 17th, Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Mo.
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill per A. B.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address 309 Empire B, Boise, Ida.

Filed 1 - 11 1922

[signature] Pratt
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO
PUBLIC WELFARE

STATE OF IDAHO

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: St Lukes Hospital

County: Ada

File Number: 27654

Registration Dist. No. .....

Date of Birth January 7 1922

Sex of Child: Male

Father: Guy Earl McGee (Full Name)

Mother: Nellie Sterling McGee (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

HUGH THOMPSON McGee (Child's Name in Full)

Guy E. McGee (Signature of Father or Mother)

SEP 8 1942

SEP 7 1949

449-107-001-653

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Lukes

Registration District No. .....

File No. 97655

Primary Registration District No. .....

Registered No. 18

FULL NAME OF CHILD John Weyman Murphy
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Jan (Day) 7 (Year) 1922
M		Yes	

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Geo. Murphy	FULL MAIDEN NAME	Margore Wells
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Salt Lake Wtd	BIRTHPLACE	Pipe stone Minn
OCCUPATION	Moving Picture Operator	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 A M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Titus M.D.

Boise (Physician or midwife)

Address

Give names added from a supplemental report.

....., 19....

Registrar.

Filed 1-11 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-8-41

FEB 11 1966

249-107-001-957

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1224 N. 18th St.

Registration District No. _____ File No. 97656

Hospital _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD ARTHUR Milton Smith, Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Jan. 7 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	A. M. Smith	FULL MAIDEN NAME	Grace L. Ingram
RESIDENCE	1224 N. 18th St., Boise, Idaho	RESIDENCE	1224 N. 18th St., Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Ry. Track Foreman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:25 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Address Boise, Idaho.

Filed _____ 192_ _____ Registrar.

Give names added from a supplemental report.

_____, 19____

_____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 6 1942

381-109-001-485 RECEIVED
FEB 3 - 192[illegible]
BUREAU OF STAT

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Registration District No. .....

File No. 97657

Hospital St Alphonse

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Robert Alvero Chamberlain
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		YE	1 - 9 192 2

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Leigh Chamberlain	FULL MAIDEN NAME	Elsie Myers
RESIDENCE	1502 Grove	RESIDENCE	1502 Grove St
COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at at 9 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pittinger Ex
Physician
(Physician or midwife)

Address Boise Idaho

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed ..... 192[illegible]

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: 1502 Grove

County: Ada

File Number: 97657

Registration Dist. No.:

Date of Birth: January 9 1922

Sex of Child: Male

Father: Leigh D. Chamberlain (Full Name)

Mother: Elsie I Myers. (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Robert Alvero Chamberlain

Child's Name in Full

Mrs. L. D. Chamberlain

Signature of Father or Mother

964-113-001-897

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 205 N 13 St.

Hospital St Alphonsus

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
FEB 3 - 1922
BUREAU OF

Registration District No. 2 File No. 97658

Primary Registration District No. 1004 Registered No. 21

FULL NAME OF CHILD James Eugene Rollen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	1 15 1922

FATHER	MOTHER
FULL NAME J. C. Rollen	FULL MAIDEN NAME Ruth Higginbotham
RESIDENCE 205 N 13th St Boise, Ida	RESIDENCE 205 N 13th St Boise
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Kansas
OCCUPATION Retail Merchandise	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) D P Higgs MD

(Physician or midwife)

Address 402 Idaho Bldg Boise Idaho

Filed Jan 16 1922 R. H. Price

Registrar

NOV 3 1958

331-115-001-968

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise, Idaho

Registration District No. 2 File No. 97659

No. ..... St.

Primary Registration District No. 1004 Registered No. 22

Hospital St Lukes

FULL NAME OF CHILD Robert Dean Clark

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Jan. (Month) 15 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Van M. Clark	FULL MAIDEN NAME	Emma Royalty
RESIDENCE	911 E. Bannock - Boise, Id.	RESIDENCE	Boise Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Ind.
OCCUPATION	Tel Wire Chief	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Jan. 15th 1922 at 9:15 a. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. R. Numbers M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Boise, Idaho

Filed Jan 16 1922 R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-20-4

JUL 6 1981

866-207-001-866

PLACE OF BIRTH

Amended 6/22/78

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

97661

County of Ada

City of Boise

No. 2117 Ellis St.

Registration District No. 2

File No.

Hospital

Primary Registration District No. 1004

Registered No. 24

FULL NAME OF CHILD Violet Louise Howe

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes.	Jan 2 1922

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Paul E Howe	FULL MAIDEN NAME	Elsie L Howard
RESIDENCE	2117 Ellis Ave	RESIDENCE	2117 Ellis Ave
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kas.	BIRTHPLACE	Mo
OCCUPATION	Clerk	OCCUPATION	H W

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.55A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Burch

(Physician or midwife)

Address Boise Ida

Filed 1-18 1922 R. H. Pratt

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1922-106821

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 20 1978
VITAL STATISTICS
3 59 PM '78

State of ..... } ss.
County of ..... }

Certificate No. 97661

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Howe (Name on Original Certificate) who was born (Was Born or Died) on 1-2-22 (Date of Event)
in Boise (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Violet Louise Howe

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed Eleanor Howe
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

4545 Maryland Court, San Diego, Ca 92116
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Diego }

[This Affidavit MUST Also be Executed. See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of
June, 1978

Martha L. Moore

Notary Public, residing at San Diego
My commission expires April 3, 1980
(Seal)

OFFICIAL SEAL
MARTHA L. MOORE
NOTARY PUBLIC - CALIFORNIA
Principal Office in San Diego Co.
My Commission Expires April 3, 1980

Signed Pamela A Duke
(Signature of Any Credible Person)

2712 Mission Village Dr. Apt O-1
San Diego, Ca 92123
(Street Address, City, State)

FORM DPH 55. 155

Certif of ~~kixka~~ Live birth from California gives child's name as Shawn Pierre Legrand born Nov. 27, 1960 at San Diego, X California. father's name as Roger Legrand and mother's name as Violet Louise Howe. viewed by V. JUN 22 1978

Certif of Baptism from Lake Samannish Bible Camp, Issaquah, Wash gives name as Violet Louise Howe . dated Sept 20, 1942. viewed by V. S.

264-205-001-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 712 E Jefferson Registration District No. 2 File No. 97662

Hospital Primary Registration District No. 1004 Registered No. 25

FULL NAME OF CHILD Virginia Dolores Bouchee
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	Jan 5 1928

What bactericidal solution was used in eyes? Creedes Solution

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Fred Bouchee	FULL MAIDEN NAME	Martha Smith
RESIDENCE	712 E Jefferson	RESIDENCE	712 E Jefferson
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Mont.	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Address Boise Ida

Filed 1 18 1928 J. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 4 1965

493-1101-001-239

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED FEB 3 - 1922 BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

No. 111 S 13. St.

Registration District No. 2

File No. 97663

Hospital

Primary Registration District No. 1004

Registered No. 6

FULL NAME OF CHILD George ~~Milinkovich~~ (MILLER)**
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	Jan 10 1922

What bactericidal solution was used in eyes? Creedes Solution

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Mike ~~Milinkovich~~ (MILLER)	FULL MAIDEN NAME	Ida Stilinovich
RESIDENCE	111- South 13.	RESIDENCE	111 South 13
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Farmer	OCCUPATION	H W

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3.15 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boick
(Physician or midwife)

Address Boise Ida

Give names added from a supplemental report.

....., 19...

Registrar.

Filed 1-18 1922 [illegible]
Registrar.

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO, }
County of Ada } ss.

CERTIFICATE

I, OTTO F. PETERSON, Clerk of the District Court of the Third Judicial District of the State of Idaho, in and for the County of Ada, do hereby certify that the foregoing is a true and correct copy of the original

Order Dasi # 17640

filed in the above entitled action and remaining now on file in my office at Boise City, Ada County, Idaho.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this 2nd day of March, 1942

By T. B. Pyle Deputy.

OTTO F. PETERSON
Clerk.

IN THE DISTRICT COURT OF THE THIRD JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF ADA.

IN THE MATTER OF CHANGE OF NAME OF

GEORGE MILINKOVICK, also known and designated as GEORGE MILINKOVICH, whose birth certificate appears as No. 97663 in Department of Public Health, Bureau of Vital Statistics.

ORDER.

That the Petition of Mike Miller for change of name of his minor son, George Milinkovick, also known and designated as George Milinkovich, to the name of George Miller coming on for hearing this 2nd day of March, 1942 and it appearing to the Court that a copy of said Petition has been duly published as required by law in the Idaho Sunday Statesman, a newspaper published in Boise, Ada County, State of Idaho, for four successive weeks prior to the date of the hearing and it appearing that no objections have been filed by any person to said Petition and that the facts set forth in the Petition are true and that the prayer of said Petition should be granted.

NOW, THEREFORE, IT IS ORDERED that the name of said George Milinkovick, also known and designated as George Milinkovich be changed to George Miller.

IT IS FURTHER ORDERED that a certified copy of this Order be filed with the Department of Public Health, Bureau of Vital Statistics.

Dated March 2, 1942.

Charles E. Winstead
District Judge

ELAM AND BURKE
ATTORNEYS AT LAW
BOISE, IDAHO

SEP 1 8 1942

OCT 3

ELAM & BURKE
ATTORNEYS AT LAW
BOISE, IDAHO

415-110-001-691

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

RECEIVED
FEB 2 - 1922
BUREAU OF VITAL STATISTICS

No. 1114 Woodburn St. Registration District No. 2 File No. 97664

Hospital Leslie Primary Registration District No. 1004 Registered No. 17

FULL NAME OF CHILD Edwin Manning.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Jan 10 1922

What bacteriolidal solution was used in eyes? Crede's Solution

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Everett Edw. Manning.	FULL MAIDEN NAME	Myrtle J. De France
RESIDENCE	1114 Woodburn	RESIDENCE	1114 Woodburn
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Mont.	BIRTHPLACE	Nev
OCCUPATION	Farmer	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or ~~midwife~~)

Address [illegible]

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 1/1 1922 R. H. Pratt Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-111-001-389

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
FEB 3 - 1922
BUREAU OF VITAL STATISTICS

County of Ada
City of Boise
No. ..... St.
Registration District No. 2
File No. 97665
Hospital St Alphonsus
Primary Registration District No. 1004
Registered No. .....

FULL NAME OF CHILD James Walter Kerley
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan. 11 1922

What bactericidal solution was used in eyes? 2% Ag NO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	James Roy Kerley	FULL MAIDEN NAME	Mary Louise Chinn
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Tennessee	BIRTHPLACE	Idaho
OCCUPATION	Oil station tender	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 20 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roscoe C. Ward
Physician
(Physician or midwife)

Address Boise Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed ..... 192.. ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-15-41

MAY 17 1944

351-115-001-199

PLACE OF BIRTH

RECEIVED FEB 3 - 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 617 Wash. St.

Hospital

Registration District No. 2 File No. 97666

Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD John Paulo Lejardi
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	1/15 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Pedro Lejardi	FULL MAIDEN NAME	Petra Arregui
RESIDENCE	617 Washington	RESIDENCE	617 Washington
COLOR	W. AGE AT LAST BIRTHDAY 41 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive 8 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pierce Ex Physician
(Physician or midwife)

Address Boise Idaho

Filed Jan 18 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: 617 Washington

County: Ada

File Number: 97666

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Jan 15 192 2

Father: Pedro Lejardi (Full Name)

Mother: Petra Arregui (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

John Paulo Lejardi

Child's Name in Full

Padro Lejardi

Signature of Father or Mother

417-116-001-437

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
FEB 3 - 1922
BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

No. 1013 N. 15th St.

Registration District No. 2 File No. 97667

Primary Registration District No. 1004 Registered No. 30

Hospital

FULL NAME OF CHILD John Sherman Maxey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	1 (Month) 16 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Roy B. Maxey	FULL MAIDEN NAME	Winifred McGuire
RESIDENCE	1013 N. 15th St Boise, Ida	RESIDENCE	1013 N. 15th St, Boise, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D P Higgs
M D
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address 1622 Wash St, Boise, Ida

Filed 1-18 1922 T. H. Platt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF

OF IDAHO

RECEIVED DEP
FEB 18 1922

OF PUBLIC WELFARE

Boise, Idaho, FEB 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: 1013 N. 15th

County: Ada

File Number: 9.7567

Registration Dist. No.:

Date of Birth: Jan. 16th 192.2

Sex of Child: Male

Father: Roy B. Mabry
Full Name

Mother: Winifred McGuire
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

John Sherman Mabry
Child's Name in Full

Roy B. Mabry
Signature of Father or Mother

NOV 3 0 1972

386-113-001-349

PLACE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital St. Lukes

RECEIVED
FEB 3 - 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-1

CERTIFICATE OF BIRTH

Registration District No. 8

File No. 97668

Primary Registration District No. 16084

Registered No. 31

Full Name of Child Robert Charles Thode

SEX OF CHILD: Male	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth		Legitimate? Yes	DATE OF BIRTH: 1 (Month) – 13 (Day) – 1922 (Year)	

FATHER

FULL NAME: Walter Franklin Thode

RESIDENCE: R. D. #4 Boise, Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 43 (Years)

BIRTHPLACE: Illinois

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Bessie Turner

RESIDENCE: R D 4, Boise Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 41 (Years)

BIRTHPLACE: Illinois

OCCUPATION: Housewife -

Number [illegible] including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1. A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows any evidence of life after birth.

(Signature) Dr. J. Carl Hill per A. B.

Physician (Physician or midwife)

Address 309 Empire Bldg. Boise

Date Jan 19 1922

Given names added from a supplemental report

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

735-115-001-463

PLACE OF BIRTH

RECEIVED
FEB 3 - 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 2511 Idaho St.

Hospital

Registration District No. 2

File No. 97669

Primary Registration District No. 1004

Registered No. 32

Full Name of Child John William Gleason

SEX OF CHILD Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH 1 (Month) - 15 (Day) - 1922 (Year)

FATHER		MOTHER	
FULL NAME	Thomas E. Gleason	FULL MAIDEN NAME	Hattie Motzko
RESIDENCE	2511 Idaho St. Boise	RESIDENCE	2511 Idaho St. Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Nevada	BIRTHPLACE	Minn.
OCCUPATION	Yard-master O.S.L.R.R.	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill per A.B.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address 309 Empire B. Boise

Filed Jan 19 1922 R. H. Pratt Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 9 1949

214-216-001-412

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

FEB 6 - 1922

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 97670

No. ____ St.

Hospital St Alphonsus

Primary Registration District No. 1004

Registered No. 33

FULL NAME OF CHILD Betty Lou Baughman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
F				Yes	Jan.	16	1922

FATHER

FULL NAME Bernard L. Baughman

RESIDENCE 1109 N. 20- Boise Idaho

COLOR White

AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Ind

OCCUPATION Accountant

MOTHER

FULL MAIDEN NAME Nora Watson

RESIDENCE Boise Idaho.

COLOR White

AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Ind

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Jan. 16—1922, at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

(Signature) Jno. R. Numbers M.D.

(Physician or midwife)

Address Boise Idaho

Filed Jan 19 1922

R. H. Pratt
Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Nov. 6, 1940. E.W.

866-118-001-349

PLACE OF BIRTH

County of Ada

City of Boise

No. 1507 N. 27th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-1

CERTIFICATE OF BIRTH

Registration District No. 2

File No. 97671

Primary Registration District No. 1004

Registered No. 34

Full Name of Child Wallace Edward Howard

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male			Yes	1 - 18 - 22

FATHER

FULL NAME: Roy Howard

RESIDENCE: 1507 N. 27th St. Boise

COLOR: White

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Colo.

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Eleanor Turner

RESIDENCE: 1507 N. 27th St. Boise

COLOR: White

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.30 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill per A. B.

Physician (Physician or midwife)

Address 309 Empire Bl. Boise

Filed Jan 19 1922

R. H. Pratt Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, FEB 13 1922 192

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise; Street: 1507 N. 21st; County: Ada

File Number: 97671

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Jan. 18 1922

Father: Roy Howard (Full Name)

Mother: Eleanor Thomson Howard (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Wallace Edward Howard
Child's Name in Full

Mrs. Roy Howard
Signature of Father or Mother

MAY 19 1955

291-115-001-649

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St. Registration District No. 2 File No. 97672

Hospital St Lukes Primary Registration District No 1004 Registered No. 33

FULL NAME OF CHILD Emory Richard Brandel
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	Jan 15 1922

What bactericidal solution was used in eyes? $AgNO_3$

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Edward W Brandel	FULL MAIDEN NAME	Mollie Owneby
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Wisconsin	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 1 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C H Parker

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address 303 McCarty Blvd.

Filed Jan 25 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

155-279
001-238

PLACE OF [redacted] S. No. 11-C—15m-6-20-11

County of Ada

City of Boise

No. 2613 Madison St.

Hospital

FEB 3 - 1922
BUREAU OF VITAL STATISTICS

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 97673

Primary Registration District No. 1004 Registered No. 36

FULL NAME OF CHILD Thelma Ruth Jensen

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		Yes	Jan 14 (Month) (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Charley Karl Jensen	FULL MAIDEN NAME	Anna Schwab
RESIDENCE	2613 Madison St	RESIDENCE	2613 Madison
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Sandy Utah	BIRTHPLACE	Germany
OCCUPATION	Steam Engineer	OCCUPATION	House Wife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Barred Alive (Born alive or stillborn) at 11:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. W. Anderson

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address 217-18 Idaho Sey Rain

Filed Jan 24 1922

R. H. [illegible]

Registrar

Registrar

S-Y CO., 16670

JAN 9 1945

[redacted]

SS3-219-001-219

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

97674

County of Ada

City of Boise

No. 501 N 19 St. Registration District No. 2 File No.

Hospital St Alphonsus Primary Registration District No. 1004 Registered No. 37

FULL NAME OF CHILD Elizabeth Jane Nelson.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fe.		Yes	1/19/1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John A Nelson	FULL MAIDEN NAME	Loy Barber
RESIDENCE	501 N 19th	RESIDENCE	501 N 19th
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Minn.	BIRTHPLACE	Mo.
OCCUPATION	Electrician	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred. A. Pettingle
Physician
(Physician or midwife)

Address Overland Bldg.

Filed Jan 24 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho, FEB 13 1922 192 2

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: 501 N 19th St

County: Ada

File Number: 97674

Registration Dist. No.:

Date of Birth: Jan 19 192 2

Sex of Child: Female

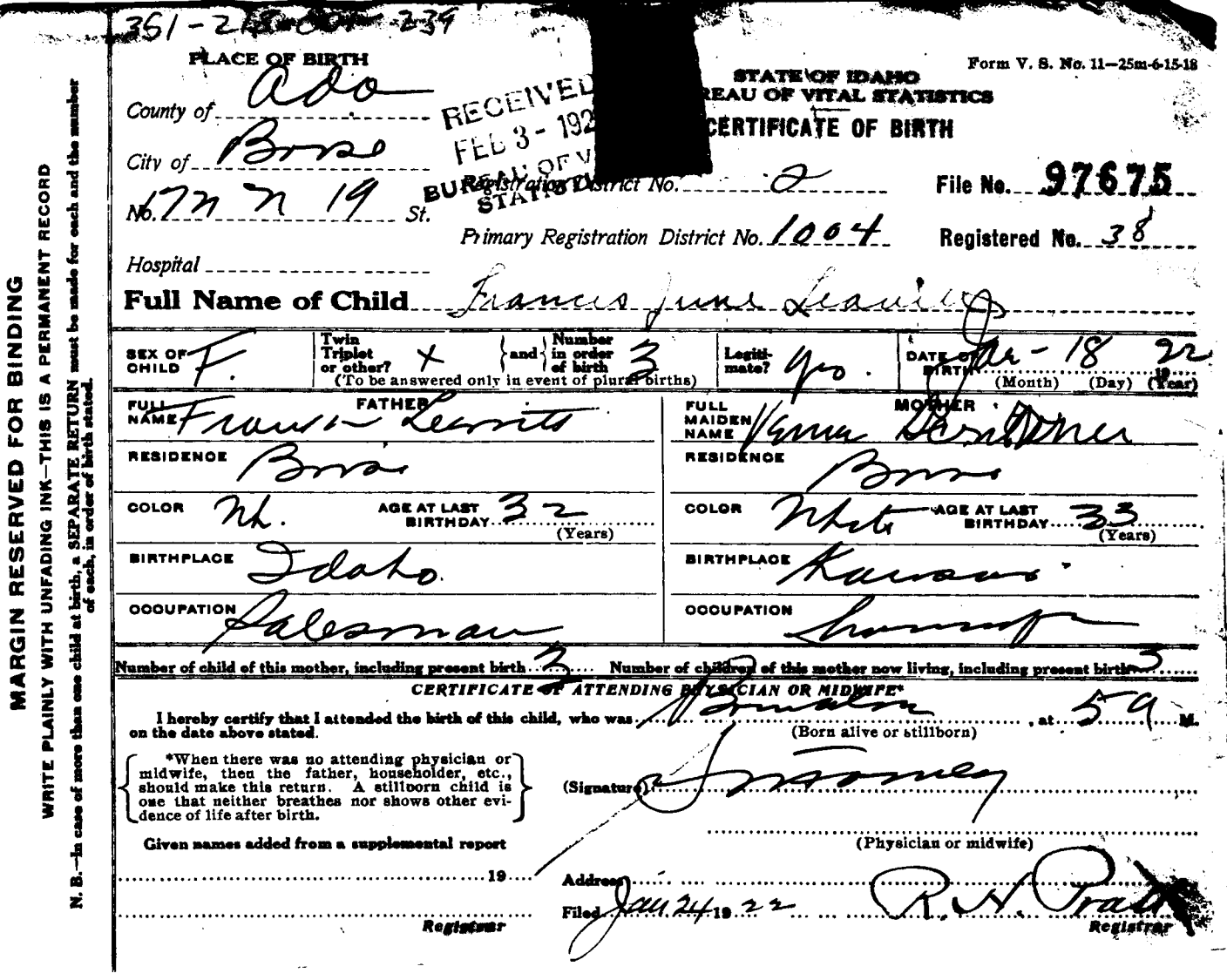
Father: John A Nelson (Full Name)

Mother: Loy B Nelson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Elizabeth Jane Nelson
Child's Name in Full

Loy Barbee Nelson
Signature of Father or Mother



351-2[illegible]-239

PLACE OF BIRTH

County of Ada

City of Boise

No. 17 N 19 St.

Hospital

RECEIVED FEB 3 - 192[illegible] BUREAU OF V[illegible] STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 2

File No. 97675

Primary Registration District No. 1004

Registered No. 38

Full Name of Child Francis June Leavitt

SEX OF CHILD	Twin Triplet or other?	and Number in order of birth	Legitimate?	DATE OF BIRTH
F.	X	3	Yes.	Jan - 18 22 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Leavitt	FULL MAIDEN NAME	Vernon Dentner
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	Wh.	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Bornalon (Born alive or stillborn), at 5 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address

Filed Jan 24 1922 R. H. Pratt

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

May 17-1919.

718-118-001-791

Form V. S. No. 11-G—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of .....

City of Boise Registration District No. 2 File No. 97677

No. ..... St. Primary Registration District No. 1004 Registered No. 40

Hospital St. Alphonsus

FULL NAME OF CHILD Payne, John George

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male	1	yes	1 18 22

FATHER		MOTHER	
FULL NAME	Payne, Bert Neil	FULL MAIDEN NAME	Gray, Nellie
RESIDENCE	919 Jef St	RESIDENCE	
COLOR	W AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Hawkins Co. Tenn.	BIRTHPLACE	Howard S. Dak
OCCUPATION	farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:34 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. V. Genovese
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise

Filed Jan. 24 1922 R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1922-185972

818-222-001-319

PLACE OF BIRTH

[redacted] DAHO
UBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

97678

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. 41

FULL NAME OF CHILD Viola Mae Carroll Hayse

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 22 1922

What bactericidal solution was used in eyes? 2% Ag NO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Benjamin F Hayse	FULL MAIDEN NAME	Genera Carroll
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	13 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Illinois
OCCUPATION	Hospital Orderly	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roscoe C Ward

Physician

(Physician or midwife)

Address .....

Filed Jan 26 1922 R. H. Pratt

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 97678

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Viola Mae Hayse (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on January 22 1922 (DATE OF EVENT)
in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Geneva	Viola Mae Hayse
Geneva Carroll - Hayse.		

Subscribed and sworn to before me this 18th
day of October, 1943

Notary Public, residing at Los Angeles Calif.
My commission expires Oct 8 1947
(SEAL)

Signed Geneva Carroll - Hayse
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.) Mother
2216½ Ripple Los Angeles Cal.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of October, 1943

Notary Public residing at Glendale Calif
My commission expires Oct 1st 1947
(SEAL)

Signed Stella E. Hale
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
708 So Peach St Medford Ore.
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

OCT 20 19

862-124-001-549 childs & fathers name amend 7-19-85 dl

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of Boise

No. St.

Registration District No. 2 File No. 97679

Hospital St Alphonsus Primary Registration District No. 1004 Registered No. 42

FULL NAME OF CHILD ~~Hurley, Peter Joseph~~ Peter Joseph Hurley, Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		3	Yes	1 24 192~~2~~

What bacteriacidal solution was used in eyes? Yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Hurley, ~~Hurley~~, Peter Joseph	FULL MAIDEN NAME Murphy Edith K
RESIDENCE 1607 Jefferson Boise	RESIDENCE
COLOR W	AGE AT LAST BIRTHDAY 36 (Years)
COLOR W	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE St Paul Minn	BIRTHPLACE St Paul Minn
OCCUPATION Traveling Salesman	OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 7:45 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

Registrar.

(Signature) Chas V. Germaney

(Physician or ~~midwife~~)

Address

Filed Jan 25 192~~2~~ R. N. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 8 1985

7-9-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 19 9 49 AM '85

State of _____ } ss.
County of _____

Certificate No. 97679
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Peter Joseph Hurly (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan 24, 1922 (Date of Event)

in Boise (Ada) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Peter Joseph Hurly	Peter Joseph Hurley, Jr.
fathers last name	Hurly	Hurley

Subscribed and sworn to before me this 12th day of July, 1985

Notary Public, Alberta Viola
Residing at Austin, Texas
My commission expires 4-15-87
(Seal)

Peter Joseph Hurley Jr.
Signature of Applicant
8720 SILVERHILL LANE
AUSTIN, TEXAS 78759
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

Designation of change of Beneficiary lists Peter Joseph Hurley, Jr born Jan 24, 1922 as employee with Railroad Retirement Board. Dated April 20, 1942. Viewed by V.S.

Marriage Certificate from Minnesota lists Peter Joseph Hurley and Edith Katherine Murphy were married June 30, 1914 Viewed by V.S.
Baptism Certificate lists Peter Joseph Hurley, Jr born Jan 24, 1922 in Boise and was baptised Feb 6, 1922. Viewed by V.S.

1 9 1985

485-225-001-314

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 437 So 9th St.

Hospital St Alphonsus

Registration District No. 2 File No. 97680

Primary Registration District No. 1004 Registered No. 43

FULL NAME OF CHILD Jane & Mollie Myers

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
7		Yes	1 25 1922

FATHER		MOTHER	
FULL NAME	H C Myers	FULL MAIDEN NAME	RUTH ELISE Campbell
RESIDENCE	437 So 9th St, Boise, Ida	RESIDENCE	437 So 9th St, Boise, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Wash.	BIRTHPLACE	Wis.
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D P Higgs

M D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address 1622 Wash St Boise Ida

Filed Jan 26 1922

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Ada } ss.
County of Kitsap }

Certificate No. 97680

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Janet Mollie Myers (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Jan 25, 1922 (DATE OF EVENT) in Boise (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
mother's maiden name	Janet Compeau	Ruth Elise Campeau

Subscribed and sworn to before me this 27th day of April, 19 42

Notary Public, residing at BREMERTON

My commission expires April 22-1946
(SEAL)

Signed Homer C. Myers
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on APR 27 1942 By
(REGISTRAR'S SIGNATURE)

APR 2 9 1942

MAY 8 1942

315-101-001-218

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1216 Vermont St.

Registration District No. 2 File No. 97692

Hospital

Primary Registration District No. 1704 Registered No. 14

FULL NAME OF CHILD James Lavender
(Certificate of no value without full name of child.)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Jan 1 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	James W Lavender	FULL MAIDEN NAME	Stella Bay
RESIDENCE	White Sulphur Spgs. Montana	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Idaho
OCCUPATION	Buckaroo	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 35 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roscoe C Ward
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed Jan 4 1922 R H Bull
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-105-001-749

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St. ..... Registration District No. 2 File No. 97693

Hospital St Alphonsus Primary Registration District No. 1004 Registered No. 13

FULL NAME OF CHILD Eugene Brooks
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Jan 5 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Elmer Eugene Brooks	FULL MAIDEN NAME	Alice Olive Gurnsey
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Nebraska
OCCUPATION	Dentist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roscoe C Ward
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address

Filed Jan 11 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 1965

212-206-001-121

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

97694

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Registration District No. 8

Primary Registration District No. 1904

File No. .....

Registered No. 14

FULL NAME OF CHILD Regina Bastida

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month / Day / Year)
F			Yes	1 / 6 / 192

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 3 — Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Raymond Bastida	FULL MAIDEN NAME	Pedro Arrisabalaga
RESIDENCE	8 Mile Creek	RESIDENCE	8 mile Creek
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1.0 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Fred A. Fulmer Jr.
Physician
(Physician or midwife)

Address Boise Idaho

Filed Jan 11 1923 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

594-106-001-168

PLACE OF BIRTH

RECEIVED
FEB 3 - 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 316 Union St.

Hospital

Registration District No. 2 File No. 97695

Primary Registration District No. 1004 Registered No. 15

FULL NAME OF CHILD Karl Olav Eide
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	1/6 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Olaf Eide	FULL MAIDEN NAME	Carrie Johnson
RESIDENCE	316 Union St.	RESIDENCE	316 Union
COLOR	W AGE AT LAST BIRTHDAY 40 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pleung Es
Physician
(Physician or midwife)

Address Boise Idaho

Filed Jan 7 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FF

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: 316 Union

County: Ada

File Number: 97695

Registration Dist. No.:

Sex of Child: Male

Date of Birth: January 6 1922

Father: Olav E Eide (Full Name)

Mother: Kari Johanson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Karl Olav Eide

Child's Name in Full

O E Eide

Signature of Father or Mother

386-203-004-239

PLACE OF BIRTH name added 4/11/80

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

97705

County of Bear Lake

City of Paris

RECEIVED
JAN 21 1922
BUREAU OF VITAL STATISTICS

Registration District No. 63

File No. 63

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Lanore Thornock

Sex of Child Female | Twin Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Jan 3 1922 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Milton Thomas Thornock	FULL MAIDEN NAME Mary Magdalena Strobelt
RESIDENCE Paris Idaho	RESIDENCE Paris Idaho
COLOR White	AGE AT LAST BIRTHDAY 20 (Years)
COLOR White	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Germany
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 20 P. M. on the date above stated.

(Signature) C. O. Moore M. D.

(Physician or midwife)

Address Paris Idaho

Filed 1—8 1922 Mrs. J. S. Skinner
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-4-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 8 1 39 PM '80

State of _____
County of _____ } ss.

Certificate No. 97705
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Thornock (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan 3, 1922 (Date of Event)

in Paris, (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Childs Name	Omitted	Lanore Thornock

Subscribed and sworn to before me this 28 day of October, 1979.

Notary Public, Gwenda C. Porter

Residing at 2046 Polk Ave. Ogden Ut.

My commission expires March-5, 1982

GWENDA C. PORTER
NOTARY PUBLIC - STATE OF UTAH
My Commission Expires March 5, 1982
(Seal)

Milton T. Thornock
Signature of Applicant

2039 Fillmore Ave Ogden Utah 84401
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ✓)

State of _____
County of _____ } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Baptismal

Certif. of BXXXXXXX from the LDS Church gives name as Lanore Thornock Pugmire born Jan 3, 1922 at Paris, Idaho. father's name as Milton Thomas Thornock and Marie M. Strobelt. ,dated March 1, 1930. viewed by V. S.

Insurance policy from Beneficial Life Ins. Co. gives name as LaNore Pugmire policy No. 229431. dated Aug 20, 1942. viewed b V. S.

893-216-004-266

PLACE OF BIRTH

RECEIVED
JAN 21 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

97707

County of Bear Lake

City of St. Charles

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. 53 Registered No. _____

Hospital _____

FULL NAME OF CHILD Loretta Rebecca Hill

Sex of Child Female | Twin, Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Jan 16 (Month) (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Lavm George Hill	FULL MAIDEN NAME Alta Bowers
RESIDENCE St. Charles Idaho	RESIDENCE St. Charles Idaho
COLOR White AGE AT LAST BIRTHDAY 24 (Years)	COLOR White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE ~~Idaho~~ St Charles Id.	BIRTHPLACE Utah
OCCUPATION Trapper	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4-15 P. M. on the date above stated.

(Signature) C. O. Moore M. D.

(Physician or midwife)

Address Paris Ida.

Filed Jan 18 1922 John Mattson
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 26 1944

132-104-012-632

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 19 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Arco

Registration District No. 5 File No. 97752

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Ammon Olsen Ackroyd

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	1 (Month) 4 (Day) 19 22 (Year)

FATHER		MOTHER	
FULL NAME	James Walter Ackroyd	FULL MAIDEN NAME	Sura Olson
RESIDENCE	Arco	RESIDENCE	Arco
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hswf

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife) Arco Ida

Given names added from a supplemental report.

19

Address

Registrar

Filed 1/10/22 19

Carmen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
FEB 27 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, FEB 3, 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Arco

Street: .....

County: Butte

File Number: 9 7752

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: January 4th 192.2.

Father: James Walter Ackroyd (Full Name)

Mother: Lina Christena Olsen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ammon Olsen Ackroyd
Child's Name in Full

Mrs. Lina O. Ackroyd
Signature of Father or Mother

MAR 22 1960

284-103-012-36V

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ~~Arco~~ Butte

City of arco

No. ..... St.

Hospital .....

Registration District No. 59 File No. 97753

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Kay Alfred Shutt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	1 - 3 - 1922

FATHER		MOTHER	
FULL NAME	Geo. M Shutt	FULL MAIDEN NAME	Matilda Combe
RESIDENCE	arco	RESIDENCE	arco
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Indiana	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Hswf

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9.45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F M Cannon

arco
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 1/10/22 19..

Cannon
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
FEB 25 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, ... F 022 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Arco

Street: .....

County: Butte

File Number: 97753

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Jan. 3rd 192x.

Father: George Maurice Shutt (Full Name)

Mother: Methilde Combe (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ray Alfred
Child's Name in Full

Methilde Shutt
Signature of Father or Mother

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. 236-101-014-249 St.

Hospital Stensland

[redacted] OF IDAHO
[redacted] VITAL STATISTICS

Form V. S. No. [redacted]—25m-1-1-[redacted]

CERTIFICATE OF BIRTH

[redacted] 22 VITAL BUREAU OF STATISTICS

Registration District No. [redacted] File No. 97757

Primary Registration District No. 2005 Registered No. 1

FULL NAME OF CHILD William Earl Stone

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan (Month) 1 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Harry A Stone	FULL MAIDEN NAME	Lella Meismith
RESIDENCE	Caldwell	RESIDENCE	Caldwell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Farrer

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address Caldwell Ida

19

Filed Jan. 12 1922 John H. Meyer

Registrar Registrar

9-Y CO. 24656

JUN 17 1942

381-101-014-391

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 19 1922
BUREAU OF

CERTIFICATE OF BIRTH

County of Canyon

City of Notus Ida

No. ..... St.

Registration District No. 3 File No. 97758

Hospital ..... Primary Registration District No. 2005 Registered No. 2

FULL NAME OF CHILD Charles Warren Charlton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
M	S		3	yes	Jan 1 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Charles W. Charlton	FULL MAIDEN NAME	Nannie B. Crawford
RESIDENCE	Notus Id	RESIDENCE	Notus Id
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Clark Co Mo	BIRTHPLACE	Taylor Co Iowa
OCCUPATION	Well driller	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gue
(Physician or midwife)

Address Caldwell Id

Give names added from a supplemental report.

....., 19....

..... Registrar.

Filed Jan. 3rd 1922 John S. Meyer Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11/29/40 L. B.

235-203-014-556

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-8-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

97759

RECEIVED
JAN 19 1927
BUREAU OF
STATISTICS

County of Canyon

City of Huston # 1

Registration District No. 3

File No.

No. St.

Primary Registration District No. 2005

Registered No. 3

Hospital

FULL NAME OF CHILD Altha Margarite Stevenson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	1/3 (Month) (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME: Joseph David Stevenson	FULL MAIDEN NAME: Mabel Elizabeth Newell
RESIDENCE: Huston, Idaho, R. # 1	RESIDENCE: Huston, Idaho. R. # 1
COLOR: White — AGE AT LAST BIRTHDAY 29 (Years)	COLOR: White — AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE: Colorado	BIRTHPLACE: Colorado
OCCUPATION: Farming	OCCUPATION: Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. B. Dudley

M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address

19

Filed Jan 6 1921 John C. Meyer
Registrar

Registrar

Silver Nitrate used in eyes

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 0 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, FEB 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Caldwell

Street: .....

County: Canyon

File Number: 97759

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Jan. 3 192 2.

Father: Joseph David Stevenson (Full Name)

Mother: Altha Mable Elizabeth (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Altha Margarite Stevenson
Child's Name in Full

Mrs. Mabel Stevenson
Signature of Father or Mother

AUG 6 1942

363-205-014-389

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3 File No. 97760

Primary Registration District No. 1005 Registered No. 4

FULL NAME OF CHILD Wanda ~~Felona~~ FLORINE ~~Lockridge~~ Lochridge
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	Jan 5th 1922

What bactericidal solution was used in eyes? yes Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Clarence Corbett ~~Lockridge~~ Lochridge	FULL MAIDEN NAME	Clara Milandy Thruston
RESIDENCE	Caldwell Ida	RESIDENCE	Caldwell
COLOR	W AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Richhill Mo.	BIRTHPLACE	Bolliver Mo.
OCCUPATION	carpenter	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ....., at 1 a M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. D. Montgomery M.D.
(Physician ~~or midwife~~)

Address Caldwell - Idaho

Filed Jan. 10 1922 John S. Meyer
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Riverside } ss.

Certificate No. 97760

Date Filed MAY 28 1942.

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Wada Felone Lockridge (Name on Original Certificate) who was born (Was Born or Died) on Jan 3 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on April 1935 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Lockridge	Lochridge
Name	Wada Felone	Wanda Florine
Date	Jan. 3rd	Jan. 5th, 1922

Subscribed and sworn to before me this 25th
day of May 1942
Robert F. McBurkett
Notary Public, residing at Arlington, Calif
My commission expires March 25, 1946
(Seal)

Signed Mrs Clara Lochridge
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
548 Rose Drive, Arlington Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Riverside } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th
day of May 1942
Robert F. McBurkett
Notary Public, residing at Arlington, Calif
My commission expires March 25, 1946
(Seal)

Signed Bessie Smith
(Signature of Any Credible Person Other Than Previous Year)
549 Pindge Rd
(Street Address, City, State)

JUN 1 1942

OCT 2 1975

962-104-014-253

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
JAN 19 1922
BUREAU OF VITAL STATISTICS

County of Canyon

City of Huston R. #1

Registration District No. 3

File No. 97761

No. ..... St.

Primary Registration District No. 2005

Registered No. 5

Hospital .....

FULL NAME OF CHILD Lewis E. Roberts

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	1/4 22

FATHER		MOTHER	
FULL NAME	Clark Lewis Roberts	FULL MAIDEN NAME	Daisy Blanche Kelley
RESIDENCE	Huston, Idaho, R. #1	RESIDENCE	Huston, Idaho, R. #1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Jan. 6th 1922 John V. Meyes
Registrar

Silver Nitrate Used in eyes.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 22 1969

JUN 16 1953

JUN 14 1949

363-210-014-653

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-6-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Registration District No. 3

Primary Registration District No. 1005

File No. 97762

Registered No. 6

Hospital .....

FULL NAME OF CHILD Helen Margueritte Wells

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	1/10 22

FATHER	MOTHER
FULL NAME: Joseph Charles Cochrane	FULL MAIDEN NAME: Lois Margueritte Wells
RESIDENCE: Caldwell, Idaho	RESIDENCE: Caldwell, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 17 (Years)
BIRTHPLACE: Colorado	BIRTHPLACE: Oklahoma
OCCUPATION: Clerk	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Haley

M. D.
(Physician or midwife)

Address Caldwell, Idaho

Given names added from a supplemental report.

....., 19.....

Filed Jan. 10, 1922 John S. Meyer
Registrar

..... Registrar

Silver Nitrate used in eyes

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-123-020-645

PLACE OF BIRTH

County of Elmore

City of Glenns Ferry

No. _____ St.

Hospital _____

RECEIVED
FEB 6 - 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-[redacted]

Registration District No. _____ File No. 97795

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Lloyd Ernest Johnston

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Jan 23 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ray L Johnston	Ruby Fuercap
RESIDENCE	Glenns Ferry	Glenns Ferry
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	23
BIRTHPLACE	Kans	Iowa
OCCUPATION	Gather	Housework

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

- Given names added from a supplemental report.

(Signature) J J Ford MD

(Physician or midwife)

Address Glenns Ferry Ida

Filed Feb 3 1922 J J Ford

_____ 19 _____

_____ Registrar

Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PM

JUL 1 1942

212-113-020-239

PLACE OF BIRTH

County of Elmore

City of Glenns Ferry

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

RECEIVED
FEB 6 - 1922
BUREAU OF VITAL STATISTICS

Registration District No. .....

Primary Registration District No. .....

File No. 97796

Registered No. .....

FULL NAME OF CHILD Jack Edward Baker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Jan 13 1922

FATHER		MOTHER	
FULL NAME	Edward M Baker	FULL MAIDEN NAME	Irene Hall
RESIDENCE	Glenns Ferry	RESIDENCE	Glenns Ferry
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Iowa	BIRTHPLACE	Calif
OCCUPATION	R R Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:30 P M.
on the date above stated.
(Born alive or stillborn)

(Signature) J J Powell M D

(Physician or midwife)

Address Glenns Ferry

Filed Feb 3 1922 J J Powell
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S68-121-020-792

PLACE OF BIRTH

RECEIVED FEB 6 - 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

97797

County of Elmore

City of Glenns Ferry

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Harold Noyes

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	Jan 21 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Geo E Noyes	FULL MAIDEN NAME	Geneva Gibson
RESIDENCE	Glenns Ferry	RESIDENCE	Glenns Ferry
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Ark
OCCUPATION	R R Engineer	OCCUPATION	H W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:40 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Pond MD

(Physician or midwife)

Given names added from a supplemental report.

Address Glenns Ferry

_____ 19__

Filed Feb 3 1922 J J Pond

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5.3 2 1941

814-130
022-814

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

97799

PLACE OF BIRTH

County of Fremont

City of Ashton

No. ..... St.

Hospital .....

Registration District No. 102 File No. .....

Primary Registration District No. 6 Registered No. 96

FULL NAME OF CHILD ~~xxxxxxxxxxxxxxxxxxxx~~ KENNETH KAY Hammond.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	1-30-1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Louis V. Hammond	FULL MAIDEN NAME	Gladys Dorchus Hammond
RESIDENCE	Ashton, Ida.	RESIDENCE	Ashton, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn), at 8:10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Phys.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Ashton, Idaho.

Filed 1-31- 1922 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 97799

County of Fremont } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH ~~OR DEATH~~)

for Kenneth Kay Hammond (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Jan. 30, 1922 (DATE OF EVENT)

in Ashton Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by Church Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan. 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Hamer H. Hammond	Kenneth Kay Hammond

Subscribed and sworn to before me this 17

day of Jan., 1942

Thos B Hargis

Notary Public, residing at Ashton Idaho

My commission expires 2/28/45

(SEAL)

Signed Louis F. Hammond

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Ashton, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON.

State of Idaho } ss.

County of Fremont }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17

day of Jan., 1942

Thos B Hargis

Notary Public, residing at Ashton Idaho

My commission expires 2/28/45

(SEAL)

Signed [signature]

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Ashton, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on [illegible] By

(REGISTRAR'S SIGNATURE)

393-124-025-255

[redacted] BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 6 - 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho
City of Grangeville
No: ____ St. ____
Hospital ____
Registration District No. 103
Primary Registration District No. 1001
File No. 97800
Registered No. 1

FULL NAME OF CHILD Carl Ernest Little
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy		Yes	Jan. 24, 1922

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ernest W. Little	FULL MAIDEN NAME	Julia M Kennedy
RESIDENCE	Grangeville	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Idaho
OCCUPATION	Common Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) G S Stockton
(Physician or midwife)
Address Grangeville Idaho
Filed Feb. 1, 1922 G S Stockton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/11/41 L. B.

[redacted]

RECEIV[redacted]
FEB 6 - 192[redacted]
BUREAU OF V[redacted]
STATISTI[redacted]

STATE OF IDAHO
[redacted]RTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

[redacted]ERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. 134-129-025-364 St.

Registration District No. 103 File No. 97801

Hospital

Primary Registration District No. 1001 Registered No. 3

FULL NAME OF CHILD Gordon Harold Alderman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Jan (Day) 29 (Year) 1922
Male		Yes	

What bactericidal solution was used in eyes? argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Claude S. Alderman	FULL MAIDEN NAME	Melissa Pearl McComas
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Iowa	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR ~~MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or ~~stillborn~~), at 1:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton
(Physician or ~~midwife~~)

Address Grangeville Idaho

Filed Feb 1, 1922 G. S. Stockton
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1942

154-130-026-112

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

97812

RECEIVED
FEB 7 - 1922
BUREAU OF VITAL STATISTICS

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 91

FULL NAME OF CHILD Elma Gerald Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
m				Yes	1	30	22

FATHER		MOTHER	
FULL NAME	Francis Anderson	FULL MAIDEN NAME	Mary Jakeman
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	At home

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher
(Physician or midwife)

Address Rigby

Given names added from a supplemental report. ..... 19.....

Filed 2-10 19 22 Ray H Fisher
Registrar.

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATISTICS

dam:

e name of your baby was not filled in on the birth certificate sent to this office. It is of vital import-
have the full name included in the record. Kindly fill in the information requested in the blank below
rn this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

City ..... Rigby ..... File Number ..... 97812 .....

Street .....

Registration Dist. No. .....

County ..... Jefferson .....

Date of Birth ..... January 30 ..... 1922.

Child ..... Male .....

Francis Alma Anderson
Full Name

Mother Mary Maria Jakeman
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Alma Gerald Anderson
Child's Name in Full

Mrs. Francis Anderson.
Signature of Father or Mother

Dear Ma

Th
ance to
and retu

Place
of
Birth

Sex of C

Father

I HERE

.....

SSI-107-026-469

PLACE OF BIRTH

name added 3-28-83

County of Jefferson

City of Rigby #3

No. ..... St.

Hospital .....

RECEIVED FEB 7 - 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 97818

Primary Registration District No. 2176 Registered No. 53

FULL NAME OF CHILD McKay Evans
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	L		L	Yes.	Jan. 7 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Earl Evans	FULL MAIDEN NAME	Carrie Mortensen
RESIDENCE	Rigby #3	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Palmer
By. L.B.P.
(Physician, ~~or midwife~~)

Address Rigby

Filed 2-10 1922 Ray H Fisher
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-8-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

MAR 18 10 09 AM '83

Certificate No. 97818
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Evans (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan 7, 1922 (Date of Event)

in Rigby (jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	McKay Evans

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

x McKay Evans
Signature of Applicant

Route 3 Rigby Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jeff }

(Must be completed __)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of March, 1983.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

NOTARY PUBLIC
LIFE TIME COMMISSION
RIGBY, IDAHO

x [illegible]
Supporting Signature

_____
Street Address, City, State

lcc pd

Certificate of Baptism from LDS Church gives McKay Evans born Jan 7, 1922 in Jefferson County son of Earl Jed Evans and Carrie J Mortensen and was baptised May 31, 1930. Viewed by V.S.

Certificate of Ordination to the Priesthood gives McKay Evans was ordained a Deacon in LDS Church on Jan 7, 1934. Viewed by V.S.

313-119-017-[redacted]

PLACE OF BIR[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clark

City of Mor Humphrey

No. ..... St.

Registration District No. 98 File No. 97820

Hospital ..... Primary Registration District No. 2176 Registered No. 43

FEB 1922 BUREAU OF VITAL STATISTICS

FULL NAME OF CHILD James Albert Calkins
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	1-19 1922

What bactericidal solution was used in eyes? Jay Cody

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Albert H Calkins	FULL MAIDEN NAME	Hannah Crossley
RESIDENCE	Mor Humphrey	RESIDENCE	—
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Rancher	OCCUPATION	Hsw

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D Jones

(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

Registrar.

Address Robins

Filed 2-10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Received
MAR 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, FEB 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Hamphrey

Street .....

County Clark

File Number 9 7820

Registration Dist. No. .....

Sex of Child Male

Date of Birth Jan 19 1922.

Father Albert H. Calkins
Full Name

Mother Hanna Crossley
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

James Albert Calkins
Child's Name in Full

Mrs. Albert H. Calkins
Signature of Father or Mother

792-105-026-993

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 7-1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of St. Anthony

Registration District No. 98 File No. 97841

No. ..... St.

Primary Registration District No. 2176 Registered No. 85

Hospital .....

FULL NAME OF CHILD Clyde Ruben Gibson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	5th 1 4 22

FATHER		MOTHER	
FULL NAME	George Gibson	FULL MAIDEN NAME	Nettie Richardson
RESIDENCE	Nevan, Ida	RESIDENCE	Nevan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	West Weber Utah	BIRTHPLACE	George Creek, Ida.
OCCUPATION	Farmer	OCCUPATION	None

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5a M. (Born alive or stillborn) on the date above stated.

(Signature) O. H. Call MD

(Physician or midwife)

Address St. Anthony Ida.

Filed 2-10 19 22 Ray H. Fisher Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, FEB 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Menan Idaho

Street: .....

County: Jefferson

File Number: 97841

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Jan 5 192 2

Father: Geo D. Gibson (Full Name)

Mother: Nettie L. Richardson Gibson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Clyde Rulon Gibson
Child's Name in Full

Geo. D. Gibson
Signature of Father or Mother

JAN 16 1948

686-103-026-469

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 7- 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lorenzo

Registration District No. 98 File No. 97842

No. ..... St.

Primary Registration District No. 2176 Registered No. 86

Hospital home

FULL NAME OF CHILD

Sex of Child m | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Jan 3 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Tyfe	FULL MAIDEN NAME	Lola Morgan
RESIDENCE	Lorenzo #1	RESIDENCE	Lorenzo #1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Castle gate Utah	BIRTHPLACE	Salt Lake City Ut
OCCUPATION	farmer	OCCUPATION	home

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Call MD

(Physician or midwife) Reghyddn.

Given names added from a supplemental report.

..... 19....

Address

Registrar.

Filed 2-10 1922 Ray H Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, FEB 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number 97842 (2)

Registration Dist. No. .....

Sex of Child Male

Date of Birth .....192....

Father ..... (Full Name)

Mother ..... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

Office

.....
Signature of Father or Mother

997-210-026-412

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 7 - 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 98 File No. 92848

Primary Registration District No. 2176 Registered No. 41

Hospital .....

FULL NAME OF CHILD Ruth Rigby

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
F			Yes	1	10	22

FATHER		MOTHER	
FULL NAME	E. E. Rigby	FULL MAIDEN NAME	Myrle Dalelle
RESIDENCE	Rigby	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	At home

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar.

(Signature) Ray H. Fisher
(Physician or midwife)

Address Rigby

Filed 2-10-22 Ray H. Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OHAQI P.O. ... IDAHO
... NEURO ...

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, FEB 12 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rigby

Street: .....

County: Jefferson

File Number: 97848

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Jan 10 192 1

Father: Elmer E. Rigby (Full Name)

Mother: Myrl A. Dabell (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

~~Joan~~ Ruth Rigby

Child's Name in Full

Mrs. E. E. Rigby

Signature of Father or Mother

318-108-026

RECEIVED
FEB 7 - 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Jefferson

City of Rudy

No. ..... St.

Hospital .....

Registration District No. 98 File No. 97849

Primary Registration District No. 2176 Registered No. 42

FULL NAME OF CHILD Lenard Leslie Taylor

Sex of Child: M

Twin, Triplet or other? (To be answered only in event of plural births) and (Number in order of birth)

Legitimate? Yes

Date of Birth: 1 (Month) — 8 (Day) — 1922 (Year)

FATHER

FULL NAME: Geo H. Taylor

RESIDENCE: Rigby R 2.

COLOR: W

AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: England

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Eunice Jensen

RESIDENCE: Same

COLOR: W

AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Arizona

OCCUPATION: At Home

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 45a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

(Signature) Ray H Fisher

(Physician or midwife)

Address Rigby

Filed 2-10 1922 Ray H Fisher

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

23 1966

RECEIVED MAR 1 1922 BUREAU OF VITAL STATISTICS

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, FEB 13 1922 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Rigby; Street; County Jefferson

File Number 97849

Registration Dist. No.

Sex of Child Male

Date of Birth Jan 8 1922

Father George Hymen Taylor (Full Name)

Mother Eunice Isabell Taylor (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lenard Leslie Taylor
Child's Name in Full

Eunice I. Taylor
Signature of Father or Mother

647-206-026-295

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 7 - 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

97850

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 98

File No. .....

Hospital .....

Primary Registration District No. 2176

Registered No. 38

FULL NAME OF CHILD Masaye Fugisawa

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	1 - 6 - 22

FATHER

FULL NAME J. Fugisawa

RESIDENCE Rigby

COLOR Jap. AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Japan

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Umeka Bingo

RESIDENCE Same

COLOR Yellow AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Japan

OCCUPATION At Home

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher

(Physician or midwife)

Given names added from a supplemental report.
1st copy issued Jan. 14, 1942

Address Rigby

Filed 2 - 10 1922 Ray H Fisher

Registrar. Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 14 194

383-222-026-993

PLACE OF BIRTH

FEB [illegible] 1922

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

BUREAU OF STATISTICS

CERTIFICATE OF BIRTH

97851

County of Jefferson

City of Lewisville

Registration District No. 98 File No.

No. St.

Primary Registration District No. 2176 Registered No. 39

Hospital

FULL NAME OF CHILD Virginia Tyler

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	Twin	1st	yes	Jan 22 1922

FATHER		MOTHER	
FULL NAME	John R. Tyler	FULL MAIDEN NAME	Lutie Riley
RESIDENCE	Lewisville	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	at home

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Rigby

Filed 2-10 19 22 Ray H Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

383-222-826-993

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 7- 1922

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

97852

County of Jefferson

City of Lewisville

Registration District No. 98 File No.

No. St.

Primary Registration District No. 2176 Registered No. 40

Hospital

FULL NAME OF CHILD Virgil Tyler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	Twin	2nd	Yes	1-22-22

FATHER

FULL NAME John E Tyler

RESIDENCE Lewisville

COLOR W AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Lettie Riley

RESIDENCE Lewisville

COLOR W AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Idaho

OCCUPATION At home

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Ray H Fisher

(Physician or midwife)

Address Rigby

Filed 2-10 19 22 Ray H Fisher Registrar

19

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

493-103-026-236

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

97853

County of Jefferson

City of Roberts

Registration District No. 98 File No.

No. name added 7-1-83 St.
bydl

Hospital

Primary Registration District No. 2176 Registered No. 37

FULL NAME OF CHILD Oren Clemons Dilley, Jr.

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	1-3 22

FATHER		MOTHER	
FULL NAME	Oren Clemons Dilley	FULL MAIDEN NAME	Ella Green Scott
RESIDENCE	Roberts	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ga	BIRTHPLACE	Wyo
OCCUPATION	Rancher	OCCUPATION	At home

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9-20a M. on the date above stated.

(Signature) Earl D. Jones

(Physician or midwife)

Address Roberts

Filed 1-10 19 22 Ray H Fisher
Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-7-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
JUN 30 1983
Bureau of Vital Statistics

State of California
County of Butte } ss.

Certificate No. 97853
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Dilley (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan 3, 1922 (Date of Event)

in Roberts (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Oren Clemons Dilley, Jr.

Subscribed and sworn to before me this 21st day of June, 19 83

Notary Public, L. M. Corson

Residing at 1030 Village Lane, Chico, CA.

My commission expires 1-14-85

(Seal)

x Oren C Dilley Jr
Signature of Applicant

x 823 Karen Dr Chico Ca.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Butte } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of June, 1983

Notary Public, L.M. Corson

Residing at 1030 Village Lane, Chico, CA.

My commission expires 1-14-85

(Seal)

David R. Scott
Supporting Signature

722 Douglas Ave
Street Address, City, State

Chico, Calif 95926

Certificate of Baptism from LDS Church gives Oren Clemons Dilley, Jr son of Oren Clemons Dilley and Ella Green Scott born Jan 3, 1922 at Roberts and was baptised April 29, 1934. Viewed by V.S. JUL 1 1983

Honorable Discharge from U. S. Armed Forces lists Oren Clemons Dilley, Jr. was discharged on Dec 19, 1946. Viewed by V.S.

295-201-026-165

PLACE OF BIRTH

Form V. S. No. 11—20m-7-21-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

97854

County of Jefferson

City of Roberts

Registration District No. 98 File No.

No. St.

Hospital Dr Jones' Primary Registration District No. 2176 Registered No. 36

FULL NAME OF CHILD Marjorie King

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	1 — 1 — 22

FATHER		MOTHER	
FULL NAME	Geo. Ross King	FULL MAIDEN NAME	Sarah Virginia Jones
RESIDENCE	Roberts	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	N. Carolina
OCCUPATION	Rancher	OCCUPATION	At home

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11.9 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D. Jones

(Physician or ~~midwife~~)

Address Roberts

Given names added from a supplemental report.

19

Registrar.

Filed 1 — 10 19 22 Ray H Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

696-120-026-369

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 7 - 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 97856

County of Jefferson
City of Roberts
No. ..... St.
Registration District No. 98
Hospital ..... Primary Registration District No. 2176
Registered No. 44

FULL NAME OF CHILD Earnest Richard Frost
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	1 20 1922

What bactericidal solution was used in eyes? Sol Credy

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Charles Ephraim Frost	FULL MAIDEN NAME	Amanda Viola Gordon
RESIDENCE	Salmon	RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Rancher	OCCUPATION	Home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11.11 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D Jones
(Physician or midwife)

Address Roberts

Filed 2-10 1922 Ray H Fisher
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/24/41 Z.J.

414-212-026-864

BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

...y of Jefferson

City of Mor Terrelon

No. ..... St.

Registration District No. 98 File No. [redacted]

Hospital .....

Primary Registration District No. 2176 Registered No. 1

FULL NAME OF CHILD Cora Jane Madison
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	1-12 1922

What bactericidal solution was used in eyes? Sol Crude

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Chester C Madison	FULL MAIDEN NAME	Nellie Louise Hodgson
RESIDENCE	Ranch Mor Terrelon	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Kan	BIRTHPLACE	Kan
OCCUPATION	Rancher	OCCUPATION	Housex

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 15 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D Jones
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

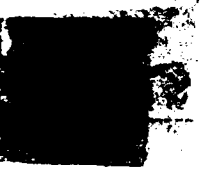
Address Roberts

Filed 2-10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RE

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made fo and the number of each, in order of birth stated.

FEB 11 1942



613-2021026-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 7 - 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lorenzo

No. ..... St.

Registration District No. 98 File No. 97860

Hospital .....

Primary Registration District No. 2176 Registered No. 52

FULL NAME OF CHILD Lavita Walker
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓		✓	yes.	Jan 2 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	E. Walker.	FULL MAIDEN NAME	Elvina Smithie
RESIDENCE	Lorenzo.	RESIDENCE	Lorenzo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	55	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive ~~or stillborn~~), at 11:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Palmer By L.B.P.
(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address Rigby

Filed 2-10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 1 3 1944

238-102-027-219

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JAN 19 1922
BUREAU OF VITAL STATISTICS

County of Jerome

City of Hazelton

No. ..... St. .....

Hospital .....

Registration District No. 23

File No. 97867

Primary Registration District No. 2017 (1017)

Registered No. .....

FULL NAME OF CHILD Claire Lewis Schwinn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Jan 2 1922

FATHER

FULL NAME Chas. B. Schwinn

RESIDENCE Hazelton

COLOR white

AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Kans

OCCUPATION farmer

MOTHER

FULL MAIDEN NAME Della Barnett

RESIDENCE Hazelton

COLOR Wh

AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Kans

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 30 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Berry M D

(Physician or midwife)

Address Hazelton Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan 12 1922

E. D. Piper M. D.

Registrar

Credited up

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED MAR 1 1922 BUREAU OF VITAL STATISTICS

Boise, Idaho, FEB 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Hazelton

Street: .....

County: Gooding

File Number: 97867

Registration Dist. No. .....

Date of Birth: Jan 2nd 1922

Sex of Child: Male

Father: Charles Bastow Schwinn (Full Name)

Mother: Della Mae Barnett (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Claire Louise Schwinn (Child's Name in Full)

Mrs. Chas B. Schwinn (Signature of Father or Mother)

NOV 2 0 1952

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

465-101-030-296

PLACE OF BIRTH

County of Lewis

City of Carmen

No. ..... St.

Hospital .....

JAN 19 1922

BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 97886

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Homer Clifton McDonald

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Jan 1 1922

FATHER

FULL NAME John Eugene McDonald

RESIDENCE Carmen

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Montana

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Hannah Brown

RESIDENCE Carmen

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Missouri

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 5:30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Chas F. Hamm

Physician

(Physician or midwife)

Address Salmon Idaho

Filed Jan 10 1922 Chas C. Bellamy Registrar

dbp.

559-221-079-595

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

RECEIVED
FEB 3 - 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

97891

County of Latah

City of Bovill

Registration District No. 66 File No. 2

No. ____ St.

Hospital Bovill Primary Registration District No. 2176 Registered No. ____

FULL NAME OF CHILD Malvina Audrey Verstegen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	and		Yes	Jan 21 1922

FATHER

FULL NAME Melchior Floris Verstegen

RESIDENCE Elk River Idaho

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE South Dakota

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Orpha Leulla Vine

RESIDENCE Elk River Idaho

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Wisconsin

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19 ____

Registrar

(Signature) J. C. Gibson

Physician

(Physician or midwife)

Address Bovill Idaho

Filed Jan 30 1922 Mrs. J. C. Gibson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 1 1969

864-208-029-795

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 3 - 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

97892

County of Latah

City of Bovill

Registration District No. 66

File No.

No. ____ St.

Hospital Bovill

Primary Registration District No. 2146

Registered No.

FULL NAME OF CHILD Patricia Jane Hodgman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Jan. 24 1922

FATHER		MOTHER	
FULL NAME	Stanley Hurlbut Hodgman	FULL MAIDEN NAME	Edith Lillian Jane Pierson
RESIDENCE	Elk River Idaho	RESIDENCE	Elk River Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Illinois
OCCUPATION	Mill Supt.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 - P. M. on the date above stated.

(Signature) J. C. Gibson

Physician

(Physician or midwife)

Address Bovill Idaho

Filed Jan 10 1922 Mrs. J. C. Gibson Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 16 1944

755-115-031-553

PLACE OF BIRTH

RECEIVED
JAN 28 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce, Idaho

No. Village St.

Registration District No. 47

File No. 97893

Hospital

Primary Registration District No.

Registered No. 167

FULL NAME OF CHILD George Nelson Pennell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
male	—		—	Yes	Jan.	15,	192[illegible]

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Agno3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Grover Cleveland Pennell	FULL MAIDEN NAME	Elizabeth Kahrs Nelson
RESIDENCE	Nezperce, Idaho.	RESIDENCE	Nezperce, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	(34) 34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Bellingham, Wash.
OCCUPATION	Attorney.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.15 P. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Give names added from a supplemental report.

Address Craigmont, Idaho.

Filed 1-24 1922 Albert Huff Registrar

Albert Huff Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 20 1945

249-104-031-319

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 3 - 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 97894

County of Lewis
City of Nezperce, RFD
No. ____ St. ____ District No. 59
Hospital ____ Primary Registration District No. 2129 Registered No. 1

FULL NAME OF CHILD Glen Ray Smith
(Certificate of no value without full name of child.)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	___	___	Yes	Jan. 4 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argo 3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Noal (Noel) Curtis Smith	FULL MAIDEN NAME Gladdis Carley
RESIDENCE Nezperce, RFD.	RESIDENCE Nezperce, RFD.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Minneapolis, Minn.	BIRTHPLACE Nezperce, Idaho.
OCCUPATION Trainman	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. E. Dunlap M.D.
(Physician or midwife)

Address Craigmont, Idaho.

Filed 1/4 1922 P. E. Dunlap
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Nezperce Idaho

Street: .....

County: Lewis

File Number: 97894

Registration Dist. No. .....

Date of Birth: Jan 4 1922

Sex of Child: Male

Father: Noel Curtis Smith (Full Name)

Mother: Gladys Carley (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Glenn Ray Smith (Child's Name in Full)

N. C. Smith (Signature of Father or Mother)

963-123-031-225

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Craigmont, RFD.

No. ____ Registration District No. 50 File No. 97895

Hospital ____ Primary Registration District No. 2129 Registered No. 2

FULL NAME OF CHILD Clifford Frank Zolber
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Jan. 23 1922

What bactericidal solution was used in eyes? Agno3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Frank Harrisson Zolber	FULL MAIDEN NAME: Martha Alice Skelton
RESIDENCE: Craigmont, RFD	RESIDENCE: Craigmont, RFD.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: New Aygo, Mich.	BIRTHPLACE: Berry Co., Mo.
OCCUPATION: Rancher	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5.25 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Dunlap M.D.
(Physician or midwife)

Address Craigmont, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 1/31 1922 P. C. Dunlap
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-2-41

993-114-035-455

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 7 - 1922

BUREAU OF VITAL STATISTICS

97896

County of Nez Perce

City of Gifford

No. ..... St.

Hospital .....

Registration District No. 92

File No. .....

Primary Registration District No. 2170

Registered No. 39

FULL NAME OF CHILD Donald Erwin Lee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
M	\		\	Yes	1	14	22

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm. Le Rich	Pearl Denham
RESIDENCE	Gifford	Gifford
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	41	37
BIRTHPLACE	W. Va.	Mo
OCCUPATION	farmer	housework

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:00 P. M. on the date above stated.

(Signature) E. E. Watts

(Physician or midwife)

Address .....

Filed 1-14 1922

E. E. Watts
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, FEB 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Gifford

Place of Birth — Street:

Place of Birth — County: Nezperce

File Number: 97896

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Jan. 14 1922

Father: William Clifford Rice
Full Name

Mother: Jannie Pearl ~~Rice~~ Denham
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Donald Irwin Rice
Child's Name in Full

Mrs. Anne C. Rice
Signature of Father or Mother

AUG 6 18

315-104
038-255

PLACE [redacted]

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JAN 23 1922
BUREAU OF VITAL STATISTICS

County of Payette

City of Payette Registration District No. 4 File No. 97918

No. 717-7th Ave No St.

Primary Registration District No. 1008 Registered No. 1

Hospital

FULL NAME OF CHILD Richard Bennett Canfield

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Jan 4 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Victor Canfield	FULL MAIDEN NAME	Ethel Marie Bennett
RESIDENCE	717-7th Ave No	RESIDENCE	717-7th Ave No
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	Nebraska
OCCUPATION	Accountant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12.39 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Woodward MD
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Payette Id

Filed Jan 6 1922 J. C. Woodward
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Payette Idaho.

Street: 717 Seventh Ave (N.)

County: Payette

File Number: 97918

Registration Dist. No.:

Date of Birth: Jan 4 1922

Sex of Child: Male

Father: Charles Victor Canfield (Full Name)

Mother: Ethyle Marie Bennett (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Richard Bennett Canfield

Child's Name in Full

Mrs. Victor Canfield.

Signature of Father or Mother

319-108-038=291

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 23 1922

CERTIFICATE OF BIRTH

County of Payette

City of Payette

Registration District No. 4 File No. 97940

No. ..... St.

Primary Registration District No. 1008 Registered No. 23

Hospital .....

FULL NAME OF CHILD Walter Merritt Cozier

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 5 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W M Cozier	Nellie L Brannan
RESIDENCE	Payette Idaho	Payette Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	Mont.	Ill.
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at June 2; 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. W. Woodward, M. D.

(Physician or midwife)

Address Payette Idaho

Filed Jan 20 1922. J. W. Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

RECEIVED
FEB 24 1922
OF VITAL

STATE OF IDAHO

DEPARTMENT OF PUBLI... RE...

Boise, Idaho, FEB 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Payette, Idaho
- Street: 541 N. Second Street,
- County: Payette

File Number: 97940

Registration Dist. No.:

Date of Birth: January 8th, 1922

Sex of Child: Male

Father: Walter Merritt Cazier (Full Name)

Mother: Nellie Lucille Branam (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Walter Merritt Cazier Jr. (Child's Name in Full)

Nellie L. Cazier (Signature of Father or Mother)

819-113-038-689

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4 File No. 97941

Primary Registration District No. 1008 Registered No. 24

FULL NAME OF CHILD Ralph Albert Hardin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 13 1922

FATHER		MOTHER	
FULL NAME	Chas R Hardin	FULL MAIDEN NAME	Edith White
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mont.	BIRTHPLACE	Oreg
OCCUPATION	Locomotive Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward MD

(Physician or midwife)

Address Payette, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Jan 20 1922. J G Woodward
Registrar

MAY 1 1 19[redacted]

OCT 1 6 1974

364-215-038-165

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 97942

Primary Registration District No. 1008 Registered No. 25

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Jan 15 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	V W Cowan	Bertha Jones
RESIDENCE	Payette Idaho	Payette Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	24
BIRTHPLACE	Australia	Arkansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:30 a. M. on the date above stated.

(Signature) J. R. Woodward, M. D.

(Physician or midwife)

Address Payette Idaho

Filed Jan 20 1922 J. R. Woodward Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

Registrar

769-118-038-795

RECEIVED JAN 23 1922 BUREAU OF VITAL STATISTICS STATE OF IDAHO

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4 File No. 97943

Primary Registration District No. 1008 Registered No. 26

FULL NAME OF CHILD Alexander Morton Irwin

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Jan 18 1922

FATHER

FULL NAME W W Irwin

RESIDENCE Payette Idaho

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Idaho

OCCUPATION Merchant

MOTHER

FULL MAIDEN NAME Claudia Pinney

RESIDENCE Payette Idaho

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Ore.

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-45 P.M. on the date above stated.

(Signature) J C Woodward, M.D.

(Physician or midwife)

Address Payette Idaho

Filed Jan 20 1922 J C Woodward Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, FEB 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Payette; Street; County Payette

File Number 97943

Registration Dist. No.

Date of Birth Jan 18 1922

Sex of Child Male

Father Walter Wallace Guin (Full Name)

Mother Claudia Morton Pinney (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Alexander Morton Guin
Child's Name in Full

Mrs W. W. Guin
Signature of Father or Mother

769-206-038-515

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Payette

City of Payette

No. ____ St.

Hospital ____

RECEIVED
JAN 23 1922
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 4 File No. 97944

Primary Registration District No. 1008 Registered No. 27

FULL NAME OF CHILD Ernest B Gorham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan. 6 1922

FATHER	MOTHER
FULL NAME: Walter Gorham	FULL MAIDEN NAME: Etta Van Etten
RESIDENCE: Fruitland Idaho	RESIDENCE: Fruitland Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Oklahoma	BIRTHPLACE: California
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11:30 P M. on the date above stated.

(Signature) J. A. McDonald

(Physician or midwife)

Address Payette Idaho.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19 ____

Registrar

Filed Jan 20 1922 J. G. Woodward

Registrar

RECEIVED MAR 4 1922 BUREAU OF VITAL STATISTICS

DEPARTMENT OF PUBLIC [illegible] FEB 13 1922

Boise, Idaho, [illegible] 13 1922 ..... 192...

ear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importce to have the full name included in the record. Kindly fill in the information requested in the blank below d return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of birth — City: Payette

Street: .....

County: Payette

File Number: 97944

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Jan. 6 192 2

Father: Walter A. Gorham (Full Name)

Mother: Etta M Van Etten (Full Maiden Name)

HEREBY CERTIFY that the child described herein has been named:

Ermel B. Gorham (Child's Name in Full)

e second, s just initial B.

Mrs Etta M Gorham (Signature of Father or Mother)

943 - 111 - 38 - 289

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

[redacted] BUREAU OF [redacted] STATISTICS

County of Payette

RECEIVED JAN 23 1922

CERTIFICATE OF BIRTH

City of Payette

Registration District No. 4 File No. 97945

No. [redacted] St.

Primary Registration District No. 1008 Registered No. 28

Hospital

FULL NAME OF CHILD Darrel Wayne Guthrie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
Male				Yes	Jan. 11 22

FATHER

FULL NAME: Ira A. Guthrie

RESIDENCE: Payette Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Ill.

OCCUPATION: Labor

MOTHER

FULL MAIDEN NAME: Viola Shields

RESIDENCE: Payette Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 18 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10;40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. McDonald

(Physician or midwife)

Address Payette Idaho.

Given names added from a supplemental report.

19

Registrar

Filed Jan 22 19 22. J. C. Woodward

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF [illegible]

STATE OF IDAHO

RE FE

DEPARTMENT OF PUBLIC WELFARE

JAN 13 1922

Boise, Idaho, JAN 13 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Payett

Street: River

County: Payett

File Number: 9945

Registration Dist. No.: 32

Date of Birth: Jan. 11th 192 2

Sex of Child: Male

Father: Ira Albert Guthrie (Full Name)

Mother: Viola May Shields (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Darrold Wayne Guthrie (Child's Name in Full)

Mrs. Ira Guthrie. (Signature of Father or Mother)

FEB 19 1965

DEC 1 1943

699-115-038-891

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

97946

County of Payette

City of Payette

Registration District No. 4 File No.

No. St.

Primary Registration District No. 1008 Registered No. 29.

Hospital

FULL NAME OF CHILD ZACK FREDERICK ORR

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Jan. 15 1922

FATHER

FULL NAME John W. Orr

RESIDENCE Payette Idaho

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Neb.

OCCUPATION Machinac

MOTHER

FULL MAIDEN NAME Minnie Marie Hiatt

RESIDENCE Payette Idaho

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Iowa

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8P. M. on the date above stated.

(Signature) J. A. McDonald

(Physician or midwife)

Address Payette Idaho.

Filed Jan 20 1922 J. O. Woodward Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of OREGON
County of POLK } ss.

Certificate No. 97946

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Orr (Name on Original Certificate) who wasborn (Was Born or Died) on January 15, 1922 (Date of Event)
in Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School record 1929 - 1931 prepared on 6-21-39
(Bible Record, Insurance Policy, Etc.) Viewed by Vial Statistics (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Zack Frederick Orr

Subscribed and sworn to before me this 16 day of May 19 56
Notary Public, residing at Dallas, Oregon
My commission expires May 11, 1960
(Seal)

Signed Minnie Marie Orr
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt. 2 - Box 244 Dallas, Ore
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON
County of POLK } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of May 19 56
Notary Public, residing at Dallas, Oregon
My commission expires May 11, 1960
(Seal)

Signed John W Orr
(Signature of Any Credible Person)
Rt. 2 - Box 244 - Dallas, Oregon
(Street Address, City, State)

FORM DPH 55. 155

JUN 2 8 1956

791-111-038-238

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

97948

County of Payette

City of Fruitland

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Marvin Johannes William Gramm

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 11 1922

FATHER		MOTHER	
FULL NAME	John Gramm	FULL MAIDEN NAME	Anna Scheidt
RESIDENCE	Fruitland	RESIDENCE	Fruitland
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 15 M.
(Born alive or stillborn)
on the date above stated.

(Signature) C. C. Paxton M.D.

(Physician or midwife)

Address Fruitland, Ida.

Filed Jan 11 1922 C. C. Paxton
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 20 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

FEB 13 1922

Boise, Idaho, FEB 13 1921 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County Payette

File Number 97948

Registration Dist. No. .....

Sex of Child Male

Date of Birth Jan 11 192 2

Father Johannes Gramm (Full Name) Mother Anna Gramm (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Marven Johannes Gramm

Child's Name in Full

Johannes Gramm

Signature of Father or Mother

APR 1 4 1975

APR - 1 1942

369-24-038-235

PLACE OF BIRTH

RECEIVED
FEB 3 - 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of New Plymouth

No. ..... St.

Registration District No. 5

File No. 97949

Hospital .....

Primary Registration District No. 2009

Registered No. 1

FULL NAME OF CHILD Faye Evelyn Cozad

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Jan 14 1922

What bacteriocidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Louis Frank Cozad	FULL MAIDEN NAME	Marion Steele
RESIDENCE	New Plymouth Ida	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Scotland
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a. m. on the date above stated.

(Signature) Wm J. Drysdale M D

(Physician or midwife)

Address New Plymouth Ida

Filed Feb 1922 Wm J. Drysdale

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

39-115-035-239

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
FEB 8 - 1922
VITAL STATISTICS

County of Payette
City of New Plymouth
No. ..... St. ..... Registration District No. 5 File No. 97950
Hospital ..... Primary Registration District No. 2209 Registered No. 2

FULL NAME OF CHILD Lyle Wilbur Carter.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	Jan 15 1922

What bactericidal solution was used in eyes? Argyrol -

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wilbur J. Carter	FULL MAIDEN NAME	Myrtle Stigner
RESIDENCE	New Plymouth Ida	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Ore -	BIRTHPLACE	Minn -
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 11 a. m. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Wm J. Drysdale M D
(Physician or midwife)
Address New Plymouth Ida

Filed Jan 29, 1922 Wm J. Drysdale Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 30 1948

132-118-038-819

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of New Plymouth

No. ..... St.

Registration District No. 5 File No. 97951

Hospital ..... Primary Registration District No. 1009 Registered No. 3

FULL NAME OF CHILD Arthur Paul Ackerman Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Jan 18 1927

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Arthur Paul Ackerman	FULL MAIDEN NAME	Mariella Agatha Flanigan
RESIDENCE	New Plymouth, Ida	RESIDENCE	With husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Nebr.	BIRTHPLACE	Nebr
OCCUPATION	Hardware clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M D
(Physician or midwife)

Address New Plymouth Ida

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Jan 20 1927 Wm J. Drysdale Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 ? 1941

JUL 14 1951

799-212-041-386

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

[redacted] STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 7 1922
BUREAU OF VITAL STATISTICS

County of Teton

City of Victor

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 97967

No. ____ St. ____

Primary Registration District No. 2176 Registered No. 18

Hospital ____

FULL NAME OF CHILD Leah Louise Priddle

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan 12 1922

FATHER		MOTHER	
FULL NAME	Earl Priddle	FULL MAIDEN NAME	Irene Thompson
RESIDENCE	Victor Idaho	RESIDENCE	Victor Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. H. Martin

Physician
(Physician or midwife)

Address Victor Idy

Given names added from a supplemental report.

____ 19____

____
Registrar

Filed Feb 1922 Martha Marker
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 27 2001

RECEIVED
FEB 20 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

FEB 18 1922

Boise, Idaho, JUNE [redacted] ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Victor

Place of Birth — Street:

Place of Birth — County: Teton

File Number: 97967

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Jan. 12 192[illegible]

Father: Earl Prindle
Full Name

Mother: Lena Thompson
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Leah Louise Prindle
Child's Name in Full

Earl Prindle
Signature of Father or Mother

AUG 5 19

313-126-041-319

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED FEB 7 1922 BUREAU OF VITAL STATISTICS

County of Teton

City of Tetonia

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 97968

No. ..... St.

Primary Registration District No. 2176 Registered No. 11

Hospital .....

FULL NAME OF CHILD James Frederick Caldwell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 26 1922 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Charles Caldwell	FULL MAIDEN NAME	Lottie Carlson ~~Carlson~~
RESIDENCE	Tetonia Ida	RESIDENCE	Tetonia Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Dunzip Ida

Filed Feb. 7 1922 Martha Marlier Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 97968
Date Filed APR 14 19[illegible]

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for _____ (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Jan. 26 1922 (DATE OF EVENT)
in _____ (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Feb. 24th 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	James Frederick Caldwell
mother's name	Lottie Carlston	Lottie Carlson

Subscribed and sworn to before me this 11th
day of April 1942

Notary Public, residing at 7122 Compton Ave. Los Angeles Cal.
My commission expires Oct. 8th 1945
(SEAL)

Signed Charles Caldwell
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
1166 E 65th Pl Los Angeles Cal
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th
day of April 1942

Notary Public, residing at 7122 Compton Ave Los Angeles Cal.
My commission expires Oct. 8th 1945
(SEAL)

Signed Ellis F Lewis
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
1661 E. 64th Pl Los Angeles Calif.
(STREET ADDRESS, CITY, STATE)

Received for filing on _____ By _____
(REGISTRAR'S SIGNATURE)

APR 2 0 1942

366 - 121-041-415

C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Teton

City of Driggs

No. Amended 3-21-81 St.

Hospital

[redacted] District No. [redacted] File No. 97969

Primary Registration District No. 2176 Registered No. 12

FULL NAME OF CHILD Cecil Delause Lofthouse

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Jan. 21 1922

	FATHER	MOTHER
FULL NAME	Geo. Fredrick Lofthouse	FULL MAIDEN NAME Ellen Maria Danielson
RESIDENCE	Idaho	Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY	51 (Years)	39 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Ranchman	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Culbertson

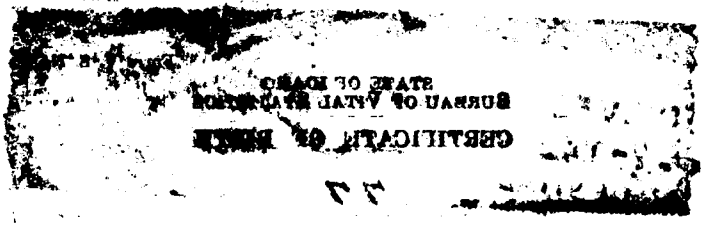
(Physician or midwife)

Address Driggs Idaho

Given names added from a supplemental report. 19

Registrar

Filed Feb 1922 Martha Marker Registrar



SEP 21 1954

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 26 8 11 AM '81

Certificate No. 97969

State of ..... } ss.
County of ..... }

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Cecil D. Lofthouse (Name on Original Certificate) who was born (Was Born or Died) on Jan. 21, 1922 (Date of Event) in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by various (Bible Record, Insurance Policy, Etc.) prepared on various dates (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Place of Birth	Victor	Driggs
Mother's Name	Ella Danills	Ellen Maria Danielson Delause
Middle Initial	"D"	

Subscribed and sworn to before me this 27 day of JANUARY 1979

William B. Moulton
Notary Public, residing at DRIGGS, IDAHO
My commission expires LIFE
(Seal)

Signed x Wessal L. Lofthouse
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

x Tetonia Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of IDAHO } ss.
County of TETON }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that the are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of JANUARY 1979

William B. Moulton
Notary Public, residing at DRIGGS, IDAHO
My commission expires LIFE
(Seal)

Signed x H. Lucille Little
(Signature of Any Credible Person)

x Driggs Idaho Box 415
(Street Address, City, State)

DPH 52-155

Marriage Certificate gives name as Cecil Delause Lofthouse married to Miss Fullmer, on Feb 14, 1946 Book 70 of Marriages, Page 892.
Viewed by V.S.
Family Chart gives name as Cecil Delause Lofthouse born January 21, 1922 at Driggs Idaho to Ellen Maria Danielson.
Viewed by V.S.
Obituaries list mother, Ellen Maria Danielson Lofthouse died age 91, Oct 1, 1973.
Viewed by V.S.

MAR 21 1981

365-108-041-365

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED FEB 7 1922 BUREAU OF VITAL STATISTICS

County of Teton

City of Victor

Registration District No. 77 File No. 97970

No. ____ St.

Primary Registration District No. 2176 Registered No. 13

Hospital ____

FULL NAME OF CHILD Loel Elijah Tonks

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			yes	Jan. (Month) 7 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Elijah Tonks	FULL MAIDEN NAME	Martha Delphia Long
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Ranchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Culbertson

Physician (Physician or midwife)

Address Driggs Idaho

Given names added from a supplemental report.

____ 19____

____
Registrar

Filed Feb. 7, 1922

Martha Marker
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO

FEB 13 1922

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
MAR 8 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, ... JAN 6 1922 ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Victor

Street: .....

County: Teton

File Number: 27270

Registration Dist. No. .....

Date of Birth: January 6th 1922

Sex of Child: Male

Father: Elijah H. Tonks (Full Name)

Mother: Martha Delphia Long (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Loel Elijah Tonks
Child's Name in Full

Mrs. Martha Tonks
Signature of Father or Mother

AUG 2
SEP 9 1942

389-125-041 = 466

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Teton

City of Tetonia

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 7 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 97971

Primary Registration District No. 2176 Registered No. 14

FULL NAME OF CHILD ? Christensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Jan 25 1922

FATHER		MOTHER	
FULL NAME	Joseph Heber Christensen	FULL MAIDEN NAME	Ethel Thelma Downs
RESIDENCE	Tetonia	RESIDENCE	Tetonia
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Teton Utah
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 3 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Culbertson
Physician
(Physician or midwife)

Address Driggs Idaho

Given names added from a supplemental report.

____ 19____

____
Registrar

Filed Feb 1922 Martha Marker
Registrar

993-123-041-385

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Victor

RECEIVED
FEB 1
BUREAU

Registration District No. 77 File No. 97973

No.

Primary Registration District No. 2176 Registered No. 16

Hospital

FULL NAME OF CHILD Myron Ether Richins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 23 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Josiah E. Richins	FULL MAIDEN NAME	Julia Cherry
RESIDENCE	Victor Ida	RESIDENCE	Victor Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Driggs Ida

Registrar

Filed Feb 1922 Martha Marker Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

ATE OF IDAHO

FEB 13

FARE

[redacted] .....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City ....Victor....
- Street .....
- County ..Teton....

File Number ....97973....

Registration Dist. No. .....

Sex of Child....Male....

Date of Birth ....Jan. 23rd....1922..

Father ....Joseph Ether Richins....
Full Name

Mother ....Julia Cherry....
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

....Myron Ether Richins....
Child's Name in Full

....Julia C. Richins....
Signature of Father or Mother

JUL 31 1952

296-203-042-331

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED JAN 19 1922 BUREAU OF VITAL STATISTICS

[redacted] STATISTICS

County of Twin Falls Idaho [redacted] OF BIRTH

City of Twin Falls Registration District No. 37 File No. 97975

No. ..... St.

Hospital County Primary Registration District No. 185 Registered No. .....

FULL NAME OF CHILD Dorothy Lou Browne

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	and	1st	yes	Jan 3 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Mr Marshall Francis Browne	Vera M. Clark
RESIDENCE	189 Adams St. Twin Falls	189 Adams St. Twin Falls Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	25
BIRTHPLACE	Elova Wisconsin	Augusta Wisconsin
OCCUPATION	Printer.	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) Hal Bilder M.D.

(Physician or midwife)

Address Twin Falls, Ida.

Filed Jan. 10 1922 John F. Coughlin Registrar

Argyrol 10% in Eyes.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 18 1963

386-204-042-289

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls Idaho

City of Twin Falls

Registration District No. 37 File No. 97976

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital County

FULL NAME OF CHILD Betty Joyce Thompson.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	3.	yes	Jan (Month) - 4 (Day) - 1922 (Year)

FATHER		MOTHER	
FULL NAME	Mr. Herold H. Thompson	FULL MAIDEN NAME	Annie B. Shirley.
RESIDENCE	Buhl Idaho.	RESIDENCE	Buhl Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Michigan City Indiana.	BIRTHPLACE	Atlanta Georgia.
OCCUPATION	Works in a Flour Mill.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 Am. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. O. McGinnis

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Twin Falls Ida

Filed Jan-9- 1922 John F. Coughlin Registrar

Argyrol 10% in Eyes.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 2 1945

693-1204-042-653

Form V. S. No. 11-C—25m-7-21-19

RECEIVED
JAN 19 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls Idaho. City of Twin Falls.

Registration District No. 37 File No. 97977

No. ..... St.

Hospital County. Primary Registration District No. 1885 Registered No. .....

FULL NAME OF CHILD Margaret Ann Williams.

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth 3 | Legiti mate? yes. | Date of Birth Jan 4 (Month) (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Mr Llewelyn L. Williams.	FULL MAIDEN NAME Mary Felton.
RESIDENCE Filer Idaho.	RESIDENCE Filer Idaho.
COLOR White.	COLOR White.
AGE AT LAST BIRTHDAY 31. (Years)	AGE AT LAST BIRTHDAY 27. (Years)
BIRTHPLACE Williamsburg Iowa.	BIRTHPLACE Winfield Kansas.
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive. (Born alive or stillborn) at 9 a.m. M. on the date above stated.

(Signature) A. A. Newberry M.D.

(Physician or midwife)

Address Filer, Ida.

Filed Jan 7 1922 John L. Loughlin Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

argyrol 1% in Eyes.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

692-106-042-769

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls Idaho

City of Twin Falls

Registration District No. 37. File No. 97978

No. ..... St.

Hospital County. Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Allen. G. Fisher Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	and	2nd	yes	Jan 6 1922

FATHER	MOTHER
FULL NAME: Mr. A. G. Fisher.	FULL MAIDEN NAME: Fannie Gorman.
RESIDENCE: 427 7th ave. North Twin Falls Idaho.	RESIDENCE: 427 7th ave North. Twin Falls.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 47 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Zanesville Ohio.	BIRTHPLACE: Morgan Utah.
OCCUPATION: Druggists.	OCCUPATION: Housewife.

Number of child of this mother including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

Twin Falls.
(Physician or ~~Midwife~~)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Jan 19 22

Registrar

argyrol 10% in Eyes.

239-207-042-154

Form V. S. No. 11-C—25m-7-31-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
JAN 19 1922
BUREAU OF VITAL STATISTICS

County of Twin Falls

City of Twin Falls Registration District No. 37 File No. 97979

No. ____ St.

Primary Registration District No. 1085 Registered No. ____

Hospital ____

FULL NAME OF CHILD Mary Ruth Stratton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female			1	yes	1	7	1922

	FATHER	MOTHER
FULL NAME	Ernest Stratton	FULL MAIDEN NAME Mary Ann Andrews
RESIDENCE	Twin Falls Ida	RESIDENCE Twin Falls Ida.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Nevada	BIRTHPLACE Utah
OCCUPATION	Cary Co. employee	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:30 a. M. on the date above stated.
(Born alive or stillborn)

(Signature) W. H. Pike

Physician
(Physician or midwife)

Address Twin Falls Ida.

Filed Jan 9 1922 John F. Coughlin
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 4 1922
BUREAU OF VITAL STATISTICS

FEB 13 1922

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, FEB 9 [illegible] 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls

Street: 281 Quincy St.

County: Twin Falls

File Number: 97979

Registration Dist. No.:

Date of Birth: Jan. 7th 192.2.

Sex of Child: Female

Father: Ellis Valton Stratton (Full Name)

Mother: Mary Andrews (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mary Ruth Stratton (Child's Name in Full)

Mary Stratton (Signature of Father or Mother)

cc 3/3/41 rmf

366-109-042-412

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JAN 10 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 97980

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Dan Stanley Lowe CLIFFORD STANLEY LOWE

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	1 9 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jas. S. Lowe	Mabel Mason
RESIDENCE	Twin Falls, Ida.	Twin Falls, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	24
BIRTHPLACE	Albion Ida	Springville Utah
OCCUPATION	Day Laborer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. H. Pike

Physician

(Physician or midwife)

Address Twin Falls

Filed Jan 10 - 1922 John F. Coughlin Registrar

RECEIVED
FEB 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

FEB 13 1922

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, [redacted] 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls Ida.

Street: 718 - 4th West

County:

File Number: 97980

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Jan. 9th 1922.

Father: James Stanley Lowe (Full Name)

Mother: Mable K. Mason Lowe (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Dan. Stanley Lowe
Child's Name in Full

James Stanley Lowe
Signature of Father or Mother

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

97980

State of Idaho }
County of Twin Falls } ss.

Certificate No. .....

Date Filed 6-16-42

The undersigned does solemnly swear that certain facts on the certificate of Clifford Stanley Lowe (Birth or Death) for Dan Lowe (Name on Original Certificate) who Born (Was Born or Died) on Jan 9th 1922 (Date of Event) in Twin Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptismal (Bible Record, Insurance Policy, Etc.) prepared on Jan 30th 1922 (Give Date) are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Dan S.	Clifford Stanley Lowe

Subscribed and sworn to before me this 18th day of June 1942

William G. Comstock

Notary Public, residing at Jerome

My commission expires 1-4-43

(Seal)

Probate Judge & Ex-Officio Clerk

Signed James Stanley Lowe
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of June 1942

William G. Comstock

Notary Public, residing at Jerome

My commission expires 1-4-43

(Seal)

Signed Annie Wilford
(Signature of Any Credible Person Other Than Previous Year)

Jerome Idaho
(Street Address, City, State)

JUN 29 1942

JUN 24 1942

789-131-042-412

PLACE OF BIRTH

RECEIVED FEB 3 - 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Registration District No. 38

File No. 98017

Hospital .....

Primary Registration District No. 2086

Registered No. .....

FULL NAME OF CHILD Dale Maxfield Phillips

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	and		Yes	Jan 31 192[illegible]

What bactericidal solution was used in eyes? Agnos 1%

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	H. S. Phillips	FULL MAIDEN NAME	Lois Maxfield
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 4:30 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. A. Newberry

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Jan 31 192[illegible] A. Newberry

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Filer

File Number: 98017

Street:

Registration Dist. No.:

County: Twin Falls

Date of Birth: Jan. 31st 1922

Sex of Child: Male

Father: William S. Phillips (Full Name)

Mother: Lois Vay Mayfield (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Dale Mayfield Phillips
Child's Name in Full

W. S. Phillips
Signature of Father or Mother

699-118-042-699

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 3 - 1922
BUREAU OF VITAL STATISTICS

County of Twin Falls

City of Filer

CERTIFICATE OF BIRTH

98018

No. ..... St. Registration District No. 38 File No. .....

Hospital ..... Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD Byron Oliver Wright
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	Jan 18 1922

What bactericidal solution was used in eyes? 1% Agno

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Wm F Wright	FULL MAIDEN NAME	Ethel Wright
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Hwf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 3 40 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. A. Newberry
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address .....

Filed Jan 18 1922 A A Newberry
Registrar.

ar Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importe to have the full name included in the record. Kindly fill in the information requested in the blank below l return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

---

ace of rth — City: Filer; Street: ; County: Twin Falls

File Number: 98018

Registration Dist. No.:

Date of Birth: January 18th 192.2

x of Child: Male

ther: William F. Wright (Full Name) Mother: Ethel Mable Wright (Full Maiden Name)

HEREBY CERTIFY that the child described herein has been named:

Byron Oliver Wright
Child's Name in Full

Mrs. Ethel Mable Wright
Signature of Father or Mother

766-14-042-569

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 3 - 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

Registration District No. 38

File No. 98019

Primary Registration District No. 2086

Registered No. .....

FULL NAME OF CHILD Ruth Myrtle Goff
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	✓		✓	Yes	Jan 14 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Agnos 1%

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	A S Goff	FULL MAIDEN NAME	Myrtle Norris
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	4
BIRTHPLACE	W. Va	BIRTHPLACE	Iowa
OCCUPATION	Ditch Rider	OCCUPATION	Hwife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6 50 a M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry

(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

Registrar.

Address .....

Filed 1-14 1922 A A Newberry
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB BUREAU OF STATISTICS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Filer

Street:

County: Twin Falls

File Number: 98019

Registration Dist. No.: No. 1

Date of Birth: January 14 192 2

Sex of Child: Female

Father: Albert Sherman Goff
Full Name

Mother: Mildred Myrtle Norris,
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Ruth Myrtle Goff
Child's Name in Full

Mrs. A. S. Goff
Signature of Father or Mother

915-224-025-515

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho
City of Grangeville
No. ____ St.
Registration District No. 103
File No. 98036
Hospital ____
Primary Registration District No. 2181
Registered No. 2

FULL NAME OF CHILD Mildred Viola Rankin
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Jan. 24 1922

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Robert J Rankin	FULL MAIDEN NAME	Corenna Veola Hauer
RESIDENCE	Harpster Idaho	RESIDENCE	Harpster Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ireland	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 a, M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Blackburn
(Physician or midwife)

Address Grangeville Idaho

Filed Feb 1 1922 G S Blackburn
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 13 1985

291-105-038
819

[redacted] BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98037

County of Payette

City of Fruitland Registration District No. File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Frank Brady Jr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 5 1922

FATHER	MOTHER
FULL NAME Frank Brady	FULL MAIDEN NAME Catherine Hardman
RESIDENCE Fruitland Ada	RESIDENCE Fruitland Ada
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Oregon
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 a M. on the date above stated.
(Born alive or stillborn)

(Signature) C. C. Paxton MD
(Physician or midwife)

Address Fruitland Idaho

Filed Jan 5 - 1922. C. C. Paxton
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

244-218-001-713

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
MAR 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

County of Ada

City of Boise, Ida.

Registration District No. 2

File No. 98043

No. 5th & State St.

Primary Registration District No. 1004

Registered No.

Hospital St. Alphonsus

FULL NAME OF CHILD Yvonne Henri Budar

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan. 18, 1922

FATHER	MOTHER
FULL NAME: Richard Raymond Budar	FULL MAIDEN NAME: Dorothy Gilman Palmer
RESIDENCE: Boise, Ida.	RESIDENCE: Boise, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: San Luis O Bispo, California	BIRTHPLACE: Bath, Maine
OCCUPATION: Office manager	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 2 9 M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. O. McCabe M.D.

(Physician or midwife)

Given names added from a supplemental report.

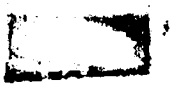
..... 19.....

Registrar

Address Boise, Ida.

Filed Feb 8 1922

R. N. Truax
Registrar



JUL 17 1948

Dup of 1922-110497

345-216-001-614

PLACE OF BIRTH

Form V. S. No. 11-G—22m-6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
MAR 6 1922
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

County of Ada

City of Boise, Ida.

Registration District No. 2

File No. 98044

No. 5th & State St.

Primary Registration District No. 1004

Registered No. 1

Hospital St. Alphonsus

FULL NAME OF CHILD Mavis Eileen Cunningham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	2-16-22 191...

FATHER

FULL NAME: Emory Vincent Cunningham

RESIDENCE: Route 6, Idaho Falls, Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Miller, South Dakota

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Iretta Elizabeth Wadsworth

RESIDENCE: Route 5, Idaho Falls, Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Hooper, Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla M.D. (Physician or midwife)

Address Boise, Ida.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Feb 8 19 22

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 22-401088

.293-210-001-314

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

RECEIVED
MAR 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-6-5-17

Registration District No. 2

File No. 98045

Primary Registration District No. 1004

Registered No. 56

FULL NAME OF CHILD Barbara Marie Bilderback

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan 10, 1922

FATHER

FULL NAME Bernard Wm. Bilderback

RESIDENCE Boise, Ida.

COLOR White

AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Boise, Ida.

OCCUPATION Merchant

MOTHER

FULL MAIDEN NAME Iva Mabel Camaish

RESIDENCE Boise, Ida.

COLOR White

AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Ely, MINN.

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) L. P. McCalla

(Physician or midwife)

Address Boise, Ida.

Filed Feb 8 1922 R. H. Pratt

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 16 1949

FEB 17 19[redacted]

812-109-001-669

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Ada MAR 6 1922 CERTIFICATE OF BIRTH

BUREAU OF VITAL STATISTICS

City of Boise Registration District No. 2 File No. 98046

No. ____ St.

Primary Registration District No. 1004 Registered No. 1

Hospital St. Alphonsus

FULL NAME OF CHILD Garald Lee Haskin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Feb. 9 1922

FATHER		MOTHER	
FULL NAME	Lee E. Haskin	FULL MAIDEN NAME	Ethel Fortner
RESIDENCE	Star, Ida.	RESIDENCE	Star, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Oregon.
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Feb 9-1922, at 9 a. M. (Born alive ~~or stillborn~~) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

(Signature) Jos. R. Numbers, Dr.

(Physician or midwife)

Address Boise, Idaho

Filed ____ 19____

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 98046

Date Filed Sixth

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Garald Lee Haskins (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on 2-9-1922 (DATE OF EVENT)
in Boise, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Garald Lee Haskins	Garald Lee Haskin

Subscribed and sworn to before me this 2nd
day of March, 19 42.

H. H. Graham

Notary Public, residing at NOTARY PUBLIC FOR IDAHO Residence, Boise, Idaho

My commission expires My commission expires Nov. 23, 1945
(SEAL)

Signed Lee E. Haskins
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

R #3 Boise, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

.....
(STREET ADDRESS, CITY, STATE)

My commission expires .....
(SEAL)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

231-211-001-712

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98047

County of Ada

City of Boise

No. 1407 N 7 St. Registration District No. 2 File No.

Hospital Primary Registration District No. 1004 Registered No. 4

BUREAU OF STATISTICS

FULL NAME OF CHILD Ada Carol Staley
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
FE		Yes	2 11 192 7

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Earnest Staley	FULL MAIDEN NAME	Emma Paschal
RESIDENCE	1407 N 7th	RESIDENCE	1407 N 7th
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Kas	BIRTHPLACE	Ka
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pennington
Physician
(Physician or midwife)

Address Overland Bldg Boise

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 2 192 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED MAR 10 1922 BUREAU OF VITAL STATISTICS

MAR 7 - 1922

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise Idaho

Street: 1407 N. 7th

County: Ada

File Number: 98047

Registration Dist. No.:

Date of Birth: Feb. 11 192 2

Sex of Child: Female

Father: Ernest M. Staley (Full Name)

Mother: Emma Alice Staley (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ada Carol Staley (Child's Name in Full)

Mrs Emma A. Staley (Signature of Father or Mother)

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

869-230-001-244

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 6 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ——— St.

Hospital St. Luke's

Registration District No. 2 File No. 98049

Primary Registration District No. 1004 Registered No. 24

FULL NAME OF CHILD Helen Anita Hoisington
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Jan. 30 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Leonard G. Hoisington	FULL MAIDEN NAME Hattie Helen Bunnell
RESIDENCE 1602 N. 20th St., Boise, Idaho	RESIDENCE 1602 N. 20th St., Boise, Idaho
COLOR White AGE AT LAST BIRTHDAY 29 (Years)	COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Iowa
OCCUPATION Theological Student	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:30 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxton
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Boise, Idaho

Filed Feb 17 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98050

County of Ada
City of Boise
No. 1617 N 24 th St.
District No. 2
File No.
Hospital Salvation Army Rescue Home
Primary Registration District No. 1004
Registered No. 95

FULL NAME OF CHILD William Wong Gen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	2-4-1922

What bactericidal solution was used in eyes? 2% Ag NO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wong Yen	FULL MAIDEN NAME	Emma Lee
RESIDENCE	Boise	RESIDENCE	Boise Idaho
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	China	BIRTHPLACE	Placerville Idaho
OCCUPATION	High School Student	OCCUPATION	Waitress

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 00 A M. on the date above stated.

(Signature) Roscoe C Ward
Physician
(Physician or midwife)

Address

Filed 2-4-5 1922 Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

865-108
001-547 [redacted]

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MAR 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 318 State St.

Registration District No. 2

File No. 98051

Primary Registration District No. 1004

Registered No. 96

Hospital

FULL NAME OF CHILD Donald Davis Fong

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	2/8/22 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fong Yow	FULL MAIDEN NAME	Lee Ship Eng
RESIDENCE	318 State St Boise	RESIDENCE	318 State - Boise
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	China	BIRTHPLACE	China
OCCUPATION	Cook	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Callister

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Boise

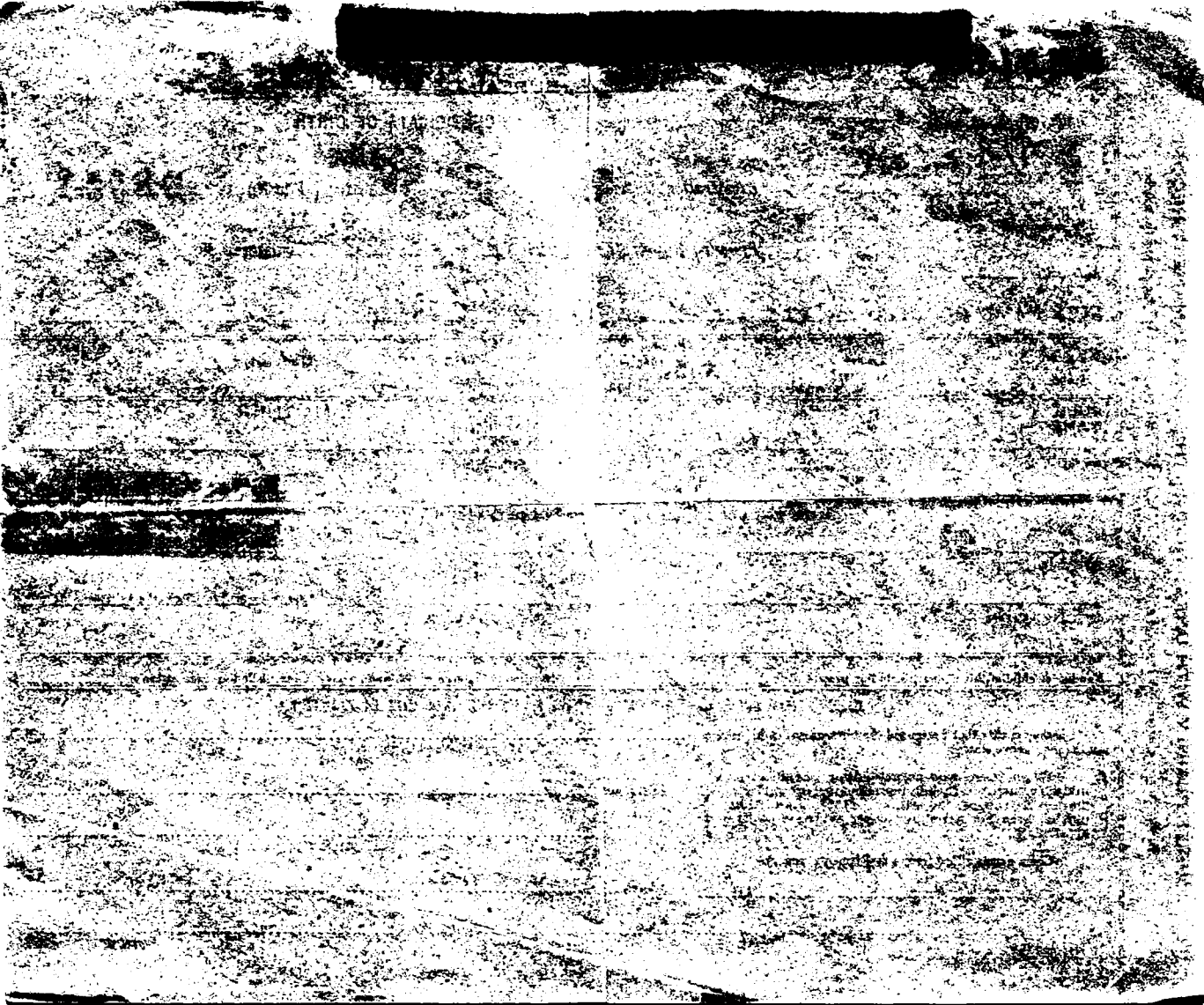
Filed Feb. 17 1922 R. H. Pratt Registrar

Registrar

S-Y CO. 24656

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



942-209-001-915

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada
City of Boise
No. ____ St.
Registration District No. 2
File No. 98052
Hospital St. Alphonsus Primary Registration District No. 1004
Registered No. 6

FULL NAME OF CHILD Shirley Ann Russell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	Feb. 9 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Clarence A. Russell	FULL MAIDEN NAME	Bessie R. Rane
RESIDENCE	Grimes Pass, Idaho	RESIDENCE	Grimes Pass
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Arizona	BIRTHPLACE	Idaho
OCCUPATION	Forest Ranger	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Address Boise, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 2-25-1922

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]ERAL REASONS WHY A C[illegible]ICAT[illegible]
[illegible]ILD A[illegible]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: St Alphonso's Hospital

County: Ada

File Number: 98052

Registration Dist. No.:

Date of Birth: Feb 9 192 2

Sex of Child: Female

Father: Clarence A. Russell (Full Name)

Mother: Bessie Rane (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Shirley Ann Russell

Child's Name in Full

Mrs. Clarence A. Russell

Signature of Father or Mother

OVER

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

295-212-001-995

PLACE OF BIRTH

Form V. S. No. 11---20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAR 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 98053

No. ..... St.

Primary Registration District No. 1004 Registered No. 08

Hospital St. Lukes'

FULL NAME OF CHILD ~~Marjorie~~ Margery Jean King

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		yes	Feb. 12 1922

FATHER		MOTHER	
FULL NAME	Festus King	FULL MAIDEN NAME	Dorothy Rinehart
RESIDENCE	5103 Baum Blvd., Pittsburg, Penn.	RESIDENCE	5103 Baum Blvd., Pittsburg, Penn.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Penn.	BIRTHPLACE	Penn.
OCCUPATION	accountant	OCCUPATION	house wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. J. Cluen

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address .....

Filed 2-25 1922 [illegible] Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 13 1943

434-112-001-619
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada
City of Boise
No. 1110 N. 6th St.
Hospital —

Registration District No. 2
Primary Registration District No. 1004
File No. 98054
Registered No. 69

VITAL

FULL NAME OF CHILD Paul Lawrence Ulmer
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 12 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Torrance C. Ulmer	FULL MAIDEN NAME	Winifred R. Tarter
RESIDENCE	1110 N. 6th St, Boise, Idaho	RESIDENCE	1110 N. 6th St, Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Wyoming
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 40 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Brastan M.D.
(Physician or midwife)

Address Boise, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 2-25-1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 21 1942

MAR 21 1942

JUL 13 1942

455-113001-632

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAR 6 1922 BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

No. ____ St.

Registration District No. 2

File No. 98055

Hospital St. Alphonsus

Primary Registration District No. 1004

Registered No. 210

FULL NAME OF CHILD William Claude Meng Jr.

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 13 1922

What bactericidal solution was used in eyes? 2% Ag NO3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	William Claude Meng	Lilly Lelia Olsen
RESIDENCE	Boise Idaho	Boise Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	27
BIRTHPLACE	South Carolina	Utah
OCCUPATION	Barber	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5-40 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roscoe C Ward

Physician

(Physician or midwife)

Address ____

Filed Mar 17 1922 R. H. Price

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IN THE DEPARTMENT OF PUBLIC WELFARE OF THE STATE OF IDAHO

In the Matter of
CORRECTION OF CERTIFICATE
OF BIRTH OF William
Claude Meng

AFFIDAVIT

Lily Delilah Meng, being first duly sworn, deposes and says:

I.

Certificate of Birth, File # 98055 of the Bureau of Vital Statistics of the State of Idaho, recording the birth of a child named therein as William Claude Mems Jr. does not correctly state the facts relative to the child born as evidenced by the said certificate, in this:

a. The name of the father of said child is shown as William Claude Mems, whereas in truth and in fact the true and correct name of the said father of said child is Ernest Clyde Meng, the said name of William Claude Mems being an alias.

b. The true and correct name of the child described in said birth certificate is William Claude Meng and not William Claude Mems Jr. the said name "Mems" being an alias and not the true surname of the father of the said child.

WHEREFORE, affiant prays that the said certificate of birth # 98055 be amended to show the true name of the child therein described as William Claude Meng, and the true name of the father of said child as Ernest Clyde Meng.

Lily Delilah Meng.

SUBSCRIBED AND sworn to before me this 25th day of October, 1937.

Notary Public
Residing at Boise, Idaho

IN THE DEPARTMENT OF PUBLIC WELFARE OF THE STATE

OF IDAHO

In the Matter of

CORRECTION OF CERTIFICATE

OF BIRTH OF William

Claude Meng

AFFIDAVIT

Lily Gilliland Meng, being first duly sworn, deposes and says:

I.

Certificate of Birth, File # 98055 of the Bureau of Vital Statistics of the State of Idaho, recording the birth of a child named therein as William Claude Meng Jr. does not correctly state the facts relative to the child born as evidenced by the said certificate, in this:

A. The name of the father of said child is shown as William Claude Mems, whereas in truth and in fact the true and correct name of the said father of said child is Ernest Clyde Meng, the said name of William Claude Mems being an alias.

B. The true and correct name of the child described in said birth certificate is William Claude Meng and not William Claude Mems Jr. the said name "Mems" being an alias and not the true surname of the father of the said child.

WHEREFORE, affiant prays that the said certificate of birth # 98055 be amended to show the true name of the child therein described as William Claude Meng, and the true name of the father of said child as Ernest Clyde Meng.

Lily Gilliland Meng

SUBSCRIBED AND sworn to before me this 20th day of October, 1937.

Notary Public
Residing at Boise, Idaho

STATE OF IDAHO,)
) ss.
County of ADA.)

Evelyn Olsen being first duly sworn, deposes and says:

That she is a citizen and resident of the State of Idaho, and a sister of Lily Delilah Meng; that she has knowledge of the facts relative to the child described in certificate of birth, File #98055, and is personally well acquainted with the deponent in the foregoing affidavit; the said Lily Delilah Meng is the mother of the child described in said birth certificate; the father of said child is Ernest Clyde Meng, who is otherwise known by the alias of William Claude Mems; the facts stated in the foregoing affidavit are true of this affiant's own knowledge.

Evelyn Olsen

SUBSCRIBED and sworn to before me this 25th day of October, 1937.

Notary Public -
Residing at Boise, Idaho

SEP 10 1975

STATE OF IDAHO,)
County of ADA.) ss.

Evelyn Olsen being first duly sworn, deposes and says:

That she is a citizen and resident of the State of Idaho, and a sister of Lily Delilah Meng, that she has knowledge of the facts relative to the child described in certificate of birth, File # 98055, and is personally well acquainted with the deponent in the foregoing affidavit; the said Lily Delilah Meng is the mother of the child described in said birth certificate; the father of said child is Ernest Clyde Meng, who is otherwise known by the alias of William Claude Mems; the facts stated in the foregoing affidavit are true of this affiant's own knowledge.

Evelyn Olsen

SUBSCRIBED and sworn to before me this 25th day of October, 1937.

Notary Public -
Residing at Boise, Idaho

SEP 10 1938

249-213-001-318

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAR 6 1922 BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

No. R D #1 St. Registration District No. 2 File No. 98056

Hospital Primary Registration District No. 1004 Registered No. 71

FULL NAME OF CHILD Olevia Alice Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Feb 13 1922

What bactericidal solution was used in eyes? Argyrol, Boric Acid

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Floyd Smith	FULL MAIDEN NAME	Mary Taylor
RESIDENCE	Boise R D 1	RESIDENCE	Boise R D 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Earlham - Iowa	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3.15 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. P. French M.D.
(Physician or midwife)

Address 417 Overland Bldg

Filed 2-25 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 7 1943

386-214-001-314

PLACE OF BIRTH

RECEIVED
MAR 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98057

County of Ada
City of Boise
No. 29th & Irene Sts.
Registration District No. 2
File No.
Hospital
Primary Registration District No. 1004
Registered No.

FULL NAME OF CHILD ~~MILDRED~~ Muriel Chorn
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb. 14 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Elmer A. Chorn	FULL MAIDEN NAME: Annie L. Cameron
RESIDENCE: 29th & Irene Sts., Boise, Idaho	RESIDENCE: 29th & Irene Sts., Boise, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Nebraska
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Brayton M.D.
(Physician or midwife)

Address Boise, Idaho

Give names added from a supplemental report.

..... 19.....

..... Registrar.

Filed ..... 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 98057

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Muriel	Mildred Muriel Chorn

Subscribed and sworn to before me this .....
day of ....., 19.....

Signed E A Chorn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....

My commission expires .....
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Signed Annie L C Chorn
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at .....

My commission expires .....
(Seal)

(Street Address, City, State)

AUG 2 9 1944

864-268-006-271

PLACE OF BIRTH

County of Ada

City of Boise

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 98058

Primary Registration District No. ____ Registered No. ____

Full Name of Child Evangeline Grace Houghton

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			February 18 1922

FATHER	MOTHER
FULL NAME: George Houghton	FULL MAIDEN NAME: Emily J. Sparkes
RESIDENCE: Pocatello, Idaho	RESIDENCE: Pocatello, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 47 (Years)
BIRTHPLACE: England	BIRTHPLACE: England
OCCUPATION: Salvation Army Officer	OCCUPATION: Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roscoe B. Ward

Physician (Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report

____ 19____

____ Registrar

Filed Feb 25 1922

P H Pratt Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 4 1941

847-218-001-952

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 98059

County of Ada

City of Boise

Registration District No. 2

No. ..... St.

Primary Registration District No. 1004

Registered No. .....

Hospital St. Alphonsus

FULL NAME OF CHILD Frances Virginia Hughes

Sex of Child Female

Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth 2 (Month) - 18 (Day) 1922 (Year)

FATHER

FULL NAME Charles P. Hughes

RESIDENCE 1702 Franklin St. Boise, Ida

COLOR White

AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Oregon

OCCUPATION Civil Engineer

MOTHER

FULL MAIDEN NAME Virginia Reber

RESIDENCE 1702 Franklin St. Boise, Ida

COLOR White

AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill a.B.

Physician (Physician or midwife)

Address 309 Empire B. Boise, Ida.

Given names added from a supplemental report. ..... 19.....

..... Registrar.

Filed ..... 19.22 ..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 3 1952

253-123-001=464-

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Barber

Registration District No. 2 File No. 98060

No. ____ St.

Primary Registration District No. 1004 Registered No. ____

Hospital St Vincents

FULL NAME OF CHILD Dean Ellsworth Beck

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	2 23 1922

FATHER		MOTHER	
FULL NAME	D W Beck	FULL MAIDEN NAME	Eunice Dodd
RESIDENCE	Barber, Idaho	RESIDENCE	Barber, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Kansas
OCCUPATION	Mechanic	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 240a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D O Higgs M D

(Physician or midwife)

Address 402 Idaho Bldg, Boise, Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 2/25 1922

_____ Registrar

RECEIVED
MAR 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise Ida

Street: St. Lukes Hosp.

County:

File Number: 98060

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Feb. 23 192 2.

Father: Dwight Williams Beck (Full Name)

Mother: Eunice Dodd (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Dean Ellsworth Beck
Child's Name in Full

Mrs. D.W. Beck
Signature of Father or Mother

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 98060

State of Utah }
County of Cache } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Births (Birth or Death)
for Dean Ellsworth Beck (Name on Original Certificate) who (Was Born ~~or Died~~) on Feb 23 1922 (Date of Event)
in Boise Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Dean	Morris Ellsworth Beck

Subscribed and sworn to before me this 26th day of August, 1942

Notary Public, residing at Preston

My commission expires June 3, 1944 (Seal)

Signed Eunice D Beck
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Bear } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of August, 1942

Notary Public, residing at Preston

My commission expires June 3, 1944 (Seal)

Signed Stanley D. Beck
(Signature of Any Credible Person Other Than Previous Year)

Box 212 Paris Utah
(Street Address, City, State)

SEP 2 8 1965

AUG 3 1

JUN

396-218-001-414

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 6 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 98061

No. ..... St.

Primary Registration District No. 1004

Registered No. .....

Hospital St. Lukes

FULL NAME OF CHILD Dorothy Jane Crouch

Sex of Child: Female

Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: 2 (Month) - 18 (Day) 1922 (Year)

FATHER

FULL NAME: Elmer L. Crough

RESIDENCE: Public Health Hospital, Boise

COLOR: White

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Illinois

OCCUPATION: Physician + Surgeon

MOTHER

FULL MAIDEN NAME: Eda Madison

RESIDENCE: Public Health Hospital, Boise.

COLOR: White

AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Minn.

OCCUPATION: Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill

Physician (Physician or midwife)

Address Empire Bldg. Boise, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar.

Filed ..... 19.....

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 15 1949

168-116-001-433

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ——— St.

Registration District No. 2 File No. 98062

Hospital St. Luke's Primary Registration District No. 1004 Registered No. 1

FULL NAME OF CHILD John Leo Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	Feb 16, 1922

What bacterioidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Leo R. Johnson	FULL MAIDEN NAME	Ida C. McCarthy
RESIDENCE	816 N. 8th St. Boise, Idaho	RESIDENCE	816 N. 8th St, Boise, Idaho.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Nebraska
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:45 a. m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) J. M. Braxton M.D.
(Physician or midwife)

Address Boise, Idaho.

Filed ——— 192 ——— Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 14 1961

365-222-001-499

PLACE OF BIRTH

RECEIVED
MAR 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 98063

County of Ada

City of Boise

No. 1419 Grand Ave.; Registration District No. 2

Hospital —— Primary Registration District No. 1004 Registered No. 78

FULL NAME OF CHILD Maybelle Conner
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	Feb. 22 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Henry W. Conner	FULL MAIDEN NAME	Ada B. Driscoll
RESIDENCE	Pocatello, Idaho	RESIDENCE	1419 Grand Ave, Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Illinois	BIRTHPLACE	Ohio
OCCUPATION	Insurance	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. T. Braxton M.D.
(Physician or midwife)

Address Boise, Idaho.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 3-28-1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-112-001-753

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAR 6 1922 BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

No. 1115 N. 17th St.

Hospital ——

Registration District No. 2 File No. 98064

Primary Registration District No. 1004 Registered No. 81

FULL NAME OF CHILD Joseph Lincoln Salisbury
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	Feb. 12, 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	J. G. Salisbury	FULL MAIDEN NAME	Ivy V. Peterson
RESIDENCE	1115 N. 17th St., Boise, Idaho	RESIDENCE	1115 N. 17th St., Boise, Idaho
COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Bond Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 05 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Address Boise, Idaho.

Filed 2-28 1922 P. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

845-208-001-653

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1706 N. 23rd St.

Registration District No. 2

File No. 98065

Hospital —

Primary Registration District No. 1004

Registered No. [illegible]

FULL NAME OF CHILD Mary Elizabeth Hunter
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Feb. 8 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Clare S. Hunter	FULL MAIDEN NAME	Neenah E. Wetter
RESIDENCE	1706 N. 23rd St., Boise, I.	RESIDENCE	1706 N. 23rd St., Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Michigan	BIRTHPLACE	Iowa
OCCUPATION	Lawyer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxton

M. D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Boise, Idaho

Filed [illegible] 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 13 98065

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
father's first name	Claire	Clare Hunter
mother's first name	Nena	Neenah

Subscribed and sworn to before me this 25 day of June, 1943

Pauline Ambrose

Notary Public, residing at 11/4/47

My commission expires .....
(Seal)

Signed Neenah W. Hunter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

JUN 2 6 1943

249-118-001-163

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 98066

County of Ada

City of Boise

No. _____ St.

Registration District No. 2

Hospital St. Luke's

Primary Registration District No. 1004

Registered No. 23

FULL NAME OF CHILD Vernon Jolley Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes.	Feb. 18, 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Harvey N. Smith	FULL MAIDEN NAME	Florence Jolley
RESIDENCE	King Hill Idaho	RESIDENCE	King Hill, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Illinois	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 55 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) J. W. Taylor M D
(Physician or midwife)

Address Boise, Idaho.

Filed 2-25-1922 N. V. Hatt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 9 1950

231-117-001-259

PLACE OF BIRTH

MAR 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Kuna

No. R. D. #1

Registration District No. 2

File No. 98067

Hospital ——

Primary Registration District No. 1004

Registered No. 22

FULL NAME OF CHILD Robert James Black
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	Feb. 17, 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	James A. Black	FULL MAIDEN NAME	Ethel Berry
RESIDENCE	R. D. #1, Kuna, Idaho	RESIDENCE	R. D. #1, Kuna, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Address Boise, Idaho.

Filed 2 [illegible] 1922 [illegible] Pratt
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

438-216-001-626
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98068

County of Ada
City of Boise
No. _____ St.
Hospital St. Luke's

Registration District No. 2 File No. _____
Primary Registration District No. 1004 Registered No. 3

FULL NAME OF CHILD Jane McQueen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	Feb. 16 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Jesse J. McQueen	FULL MAIDEN NAME	Lillie M. Osborn
RESIDENCE	Barracks, Boise, Idaho	RESIDENCE	813 Brumback St, Boise, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Ex-service patient	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 32 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxton M.D.
(Physician or midwife)

Address Boise, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 2 192 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho MAR 7 - 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Boise; ~~Street~~ St. Lukes Hospital; County Ada

File Number 98068

Registration Dist. No. .....

Date of Birth February 16 1922

Sex of Child Female

Father ~~Jesse~~ Joseph McQueen (Full Name) Mother Lillie May Oborn (Full Maiden Name)

I ~~HEREBY~~ CERTIFY that the child described herein has been named:

Don McQueen [ONE] (Child's Name in Full)

Joseph McQueen (Signature of Father or Mother)

OVER

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

251-226-001-238

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98069

County of Ada

City of Boise

~~No.~~ Halcomb School

Registration District No. 2 File No.

Hospital —

Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD DORA LORRAINE BEAVER
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Feb. 26 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Wendell E. Beaver	FULL MAIDEN NAME	Helena H. Schmidt
RESIDENCE	Michigan & Beacon Sts. Boise	RESIDENCE	Michigan & Beacon Sts., B
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 30 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxton
M.D.
(Physician or midwife)

Address Boise, Idaho

Filed [illegible] 192[illegible] [illegible]
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Washington } ss.
County of Clark }

Certificate No. 9106
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Dora Lorraine Beaver (Birth or death)
for None (Name on original certificate) who Born (Was born or died) on February 26th. 1922 (Date of event)
in Boise, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Cradel Roll Certificate (Bible record, insurance policy, etc.) prepared on October 14th. 1922 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	none	Dora Lorraine Beaver

Subscribed and sworn to before me this 9th.
day of January, 19 43.
L. G. Elwood
Notary Public, residing at Washougal, Wash.
My commission expires August 4th. 1946
[SEAL]

Signed Mrs. Lena Beaver
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
White Salmon, Washington.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Washington } ss.
County of Clark }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th.
day of January, 19 43.
L. G. Elwood
Notary Public, residing at Washougal, Wash.
My commission expires August 4th. 1946
[SEAL]

Signed Mrs. Lorette Davis
(Signature of any credible person other than the previous affiant)
Camas, Washington.
(Street Address, City, State)

Received for filing on JAN 23 1943 by
(Registrar's signature)

JAN 25 1943

764-111-001-364

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1308 N. 12th St.

Registration District No. 2 File No. 98070

Hospital

Primary Registration District No. 1004 Registered No. 45

RECEIVED MAR 6 1922 BUREAU OF VITAL STATISTICS

FULL NAME OF CHILD Joseph Robert Gough
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Jan. 11 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Joseph Gough	FULL MAIDEN NAME	Mary F. Touhey
RESIDENCE	1308 N. 12th St., Boise, Idaho	RESIDENCE	1308 N. 12th St., Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Timberman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.00 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxton
M.D.
(Physician or midwife)

Address Boise, Idaho.

Give names added from a supplemental report.

....., 19....

Registrar.

Filed 2-3 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC WELFARE.

VITAL

Boise, Idaho, MAR 7 - 1922 192

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital imp ance to have the full name included in the record. Kindly fill in the information requested in the blank be and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: 1308 N. 12th

County: Ada

File Number: 98070

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Jan. 11 192.

Father: Joseph Gough (Full Name)

Mother: Mary Frances (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Joseph Robert Gough (Child's Name in Full)

Mrs Joseph Gough (Signature of Father or Mother)

OVER

EVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

registration is part of every child's birthright.
tablishes legally the date of the child's birth, parentage
cy.
nables the Public Health Nurse to make sure the child has
ed from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

he correct age for purposes of school attendance.
mployment.
rotection under the law.
ilitary and jury duty.
ight to travel unmolested in foreign lands.
ight to vote.
ight to receive pensions and inherit property.
urnishes acceptable evidence of genealogy.
ight to get married.
ust at this time while many of the Ex-Service men are com-
urnish certified copies of certificates of birth, it is im-
the certificates be filed with the BUREAU OF VITAL STATIS-
same completed by furnishing the name of the child.

LEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

118-202-001-149

PLACE OF BIRTH

RECEIVED MAR 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1107 Grove St. Registration District No. 2 File No. 98072

Hospital Primary Registration District No. 1004 Registered No. 47

FULL NAME OF CHILD Isabel Jayo
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.E.		Yes	2/2 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Anastasia Jayo	FULL MAIDEN NAME	Annunica Arnias
RESIDENCE	1107 Grove	RESIDENCE	1107 Grove
COLOR	W. AGE AT LAST BIRTHDAY 42 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	~~Farmer~~ Hotel Keeper	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 40 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pettingle
Physician
(Physician or midwife)

Address Overland Bldg Boise

Give names added from a supplemental report.

....., 19....

Registrar.

Filed ..... 192..

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 25 1948

493-226-001-235

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 6 1922
BUREAU OF VITAL

County of Ada
City of Boise
No. _____ St.
Hospital St. Luke's

Registration District No. 2
Primary Registration District No. 1004

File No. 98073
Registered No. 46

FULL NAME OF CHILD Genevieve Ditzler
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan. 26 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	R. F. Ditzler	FULL MAIDEN NAME	Florence E. Stevens
RESIDENCE	511½ Main St., Boise, Idaho	RESIDENCE	511½ Main St. Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	South Dakota
OCCUPATION	Cook	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 57 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Address Boise, Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed ....., 192.. ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 4 1943

455-202-001-1864

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAR 6 1922 BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

No. —— St.

Registration District No. 2

File No. 98074

Hospital St. Alphonsus

Primary Registration District No. 1004

Registered No. 48

FULL NAME OF CHILD Edith Estes Dennis ton

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Feb 2nd 1922

What bactericidal solution was used in eyes? 1% sol. silver nitrate

Number of child of this mother, including present birth one

Number of child of this mother now living, including present birth one

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R. J. Dennis ton	Edith A. Young
RESIDENCE	611½ S 13th St. Boise	611½ S 13th St. Boise
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	25
BIRTHPLACE	Neb.	Neb.
OCCUPATION	Grocery Clerk	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 6 35 A. M. (Born alive or ~~stillborn~~) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) B. W. Mathers
(Physician or midwife)

Address 317 Everland Bldg. Boise

Filed ——— 192—

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

P. C. 6-20-41

JUL 3 1 1945

635-124-001-415

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JAN 6 1922
BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

No. _____ St.

Hospital St Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. 98075

Registered No. 51

Full Name of Child Wilfred Davis Fletcher

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male		Yes	1 - 24 1922

FATHER	MOTHER
FULL NAME: Steen Dan Fletcher	FULL MAIDEN NAME: Marie Davis
RESIDENCE: 108 Warm Springs Ave, Boise	RESIDENCE: 108 Warm Springs, Boise Ida
COLOR: White — AGE AT LAST BIRTHDAY 29 (Years)	COLOR: White — AGE AT LAST BIRTHDAY
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Wholesale gasoline & oil dealer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill A. B.
Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address 309 Empire Bldg. Boise Ida

Filed 2-6 1922 R. H. Roth
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 9 1943

JUL 2 1942

JUL 1 1951

231-223-001-866

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. [illegible] St. Registration No. 2 File No. 98076

Hospital Stalphonsus Primary Registration District No. 1004 Registered No. 50

FULL NAME OF CHILD Ella Catherine Stantliff
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			1		Jan 29 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Nitrate of Silver

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Eldrigde L Stantliff	FULL MAIDEN NAME	Edith Evelyen Hooper
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	light	COLOR	Dark
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Lambsburg Va.	BIRTHPLACE	Malad Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

[illegible]re) Geo Collister

(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

2-6 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

863-203-001-459

PLACE OF BIRTH

RECD MAR 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98077

County of Ada

City of near Boise

No. ____ St.

Registration District No. 2

File No. ____

Hospital ____

Primary Registration District No. 1004

Registered No. ____

FULL NAME OF CHILD Maxine La Verne Hocket

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F				Yes.	Feb 3 1922

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME Laurena H Hocket	FULL MAIDEN NAME Cordelia A Meistrell
RESIDENCE near Garfield School	RESIDENCE near Garfield School
COLOR White.	COLOR White.
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Kas	BIRTHPLACE Kas.
OCCUPATION Fireman	OCCUPATION H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19....

..... Registrar.

(Signature) John Boeck

(Physician ~~or midwife~~)

Address Boise Ida

Filed ____ 192.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 4 1962

314-229-001-339

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 98078

County of Ada
City of Boise
No. ____ St.
Hospital St Alphonso
Registration District No. 2
Primary Registration District No. 1004
Registered No. 52

FULL NAME OF CHILD Gertrude Katherine Lamb
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes.	Jan 29 1922

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John B Lamb	FULL MAIDEN NAME	Lauretta M Clinton
RESIDENCE	Near Cole School	RESIDENCE	Near Cole School
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Pa.	BIRTHPLACE	Mich
OCCUPATION	Laborer	OCCUPATION	H W

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2.50 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then (the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Neil Brock
(Physician or midwife)

Address Boise Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 2-6 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 1 1976

132-104-001-695 RECEIVED MAR 6 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boise

City of Meridian

No. ..... St.

Hospital St Alphonsus

Registration District No. 2 File No. 98079

Primary Registration District No. 1004 Registered No. ~~13~~ 55

FULL NAME OF CHILD Wallace Winter Atkinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	2 (Month) 4 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Irl Atkinson	FULL MAIDEN NAME	Charlotte Winter
RESIDENCE	Meridian Ida	RESIDENCE	Meridian, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ida,
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D P Higgs

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address 402 Idaho Bldg

Filed 2-6 1922

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1942

2 BIRTH COUNTY

615-205-001-265

PLACE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital St. Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2

Primary Registration District No. 1004

File No. 98080

Registered No. 54

Full Name of Child Beatrice Evelyn Wanders

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Female			Yes	2 - 5 (Month) (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Harry Wander	FULL MAIDEN NAME	Frances Konoske
RESIDENCE	1419 N. 8th St. Boise, Ida.	RESIDENCE	1419 N. 8th St Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Holland	BIRTHPLACE	Minn.
OCCUPATION	Tailor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill

Physician (Physician or midwife)

Address 209 Empire Bldg. Boise.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 6 1922

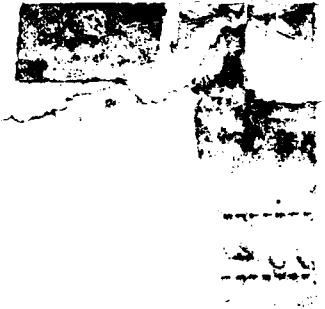
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

U. S. No. 11—25m-6-18



RECEIVED MAR 1 7 1922 BUREAU OF VITAL STATISTICS

Boise, Idaho, MAR. 7 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise, Idaho

Street: .....

County: Ada

File Number: 98080

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Feb. 5 1922.

Father: Harry W. Wander (Full Name)

Mother: Frances Pearl Ronsiek (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Beatrice Evelyn Wander (Child's Name in Full)

Mrs. Harry Wander (Signature of Father or Mother)

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

443-209-001-695

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

1922

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 2202 N. 14th St.

Hospital

Registration District No. 2

File No. 98081

Primary Registration District No. 1004

Registered No. 09

Full Name of Child LeROY WILBERT McMULLEN

SEX OF CHILD Male	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth 3 (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH 2 (Month) 9 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	J. S. McMullen	FULL MAIDEN NAME	Nettie Field
RESIDENCE	Boise Ida	RESIDENCE	Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Texas
OCCUPATION	Accountant	OCCUPATION	Housekpr

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Froom

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Boise Ida

Filed Feb. 11 1922 R. H. Pratt

Registrar

Registrar

MARGIN RESERVED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 8 1961

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Texas)
)ss
County of Tarrant)

Certificate No. 98081

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate

of ..... for ..... who .....
(birth or death) (Name on original certificate) (was born or died)

on ..... in ..... are erroneous or were ommitted;
(Date of event) (Place of event)

and that, to the best of his knowledge, the true facts of the case as shown

by ..... prepared on ..... are:
(Bible record, insurance plcy.etc.) (Give date)

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Le Roy Wilbert McMullen

Subscribed and sworn to before me this 8 day of Feb. 1944

Signed J. R. McMullen (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Nadine Harris
Notary Public
Residing at 2838 Hemphill St. Ft. Worth

2838 Hemphill St., Ft. Worth, Texas
(Street address, City, State)

My commission expires June 1, 1943

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Texas)
)ss
County of Tarrant)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of Feb. 1944

Signed G. T. Burgess
(Signature of any credible person other than the previous affiant.)

Nadine Harris
Notary Public
Residing at 2838 Hemphill St. Ft. Worth

3637 Lipscomb St., Ft. Worth, Tex.
(Street address, City, State)

My commission expires June 1, 1943
(SEAL)

649-109-001-151

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAR 6 1922
BUREAU OF VITAL STATISTICS

County of Ada
City of Boise
No. 211 So 6 St.
Hospital

Registration District No. 2
Primary Registration District No. 1004

File No. 98082
Registered No.

FULL NAME OF CHILD Rufino Odiaga
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	2/9 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Anastasio Odiaga	FULL MAIDEN NAME	Kalathin Anatabe
RESIDENCE	211 So 6th	RESIDENCE	211 So 6th
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pettingen
Physician
(Physician or midwife)

Address Overland Bldg Boise

Filed 1922

Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 7 1942

793-113-001-491

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 98083

Registered No. .....

Full Name of Child Charles Walter Gilmore

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Male		Yes	Jan. 13 (Month) (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Cecil Gilmore	FULL MAIDEN NAME	Beatrice Drake
RESIDENCE	Wendell, Idaho	RESIDENCE	Wendell, Idaho
COLOR	White	COLOR	Wh
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Hagerman, Idaho	BIRTHPLACE	Teton Basin, Idaho
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Brattan

MD
(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Boise, Idaho

Filed 2-3 1922

R. A. Pratt
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

766-228-001-847

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAR 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98084

County of Ada

City of Boise

~~No.~~ N. of Eagle ~~St.~~

Hospital

Registration District No.

File No.

Primary Registration District No.

Registered No. 12

FULL NAME OF CHILD Muriel Goodall
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	Jan. 28 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	A. H. Goodall	FULL MAIDEN NAME	Isabelle Huxtable
RESIDENCE	Eagle, Idaho	RESIDENCE	Eagle, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Kansas	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxton

M.D.
(Physician or midwife)

Address Boise, Idaho

Filed 2 3 1922 [illegible]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 6 42

DECEASED

942 - 114-001- 234

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 6 1922
BUREAU OF VITAL STATISTICS

County of Ada

City of Boise - Independent School Dist. - 8

No. ____ St.

Registration District No. 8 File No. 98085

Hospital ____ Primary Registration District No. 2008 Registered No. 13

FULL NAME OF CHILD Verlin WEBSTER Russell.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Feb 14 1922

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	W. W. Russell	FULL MAIDEN NAME	Bertha Amelda E Stunz
RESIDENCE	Independent School Dist.	RESIDENCE	Independent School Dist.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or ~~midwife~~)

Address [illegible]

Give names added from a supplemental report.

....., 19....

Registrar.

Filed Feb. 17 1922 [signature]
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Permission given to change record by Dr. Boeck, attending physician, 10/17/41 Z.J.

OCT 17 1941

JUN 15 1943

214-211-001-632

PLACE OF BIRTH

RECEIVED
MAR 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Eschelberger Station

No. ____ St.

Registration District No. 8 File No. 98086

Hospital ____ Primary Registration District No. 2008 Registered No. 14

FULL NAME OF CHILD Clarice Irene Baumchen

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	Feb 11 1922

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Jacob Baumchen	FULL MAIDEN NAME	Annie Olson
RESIDENCE	Eschelberger Station	RESIDENCE	Eschelberger Station
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1.30 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bauer

(Physician or ~~midwife~~)

Address Boise Ida

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Feb 17 1922 R. D. Galt

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 29 1947

367-231-001-231

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 27 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Eagle

Registration District No. 9+10 File No. 98087

No. — St.

Primary Registration District No. — Registered No. 15

Hospital —

FULL NAME OF CHILD Lillian Aileen Cope

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Jan 31 1922

FATHER		MOTHER	
FULL NAME	Marshall E. Cope	FULL MAIDEN NAME	Mary Stoffer
RESIDENCE	Eagle	RESIDENCE	Eagle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Hall

M D

(Physician or midwife)

Given names added from a supplemental report.

— 19

Registrar.

Address Eagle Idaho

Filed Feb 2 1922 Orville Jackson Registrar.

Eagle Idaho

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 ? 194?

MAY 6 1948

689-110-003-349

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock
City of Bannock
No. ____ St.
Hospital ____

Registration District No. 84 File No. 98107
Primary Registration District No. 2161 Registered No. ____

FULL NAME OF CHILD JOHN CURTIS WHITE
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	1 - 10 192.2

What bacteriecidal solution was used in eyes? Arg. 20%

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	James Alma White	FULL MAIDEN NAME	Grace Curtis
RESIDENCE	Bancroft	RESIDENCE	B
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Ogden	BIRTHPLACE	Bancroft
OCCUPATION	Farmer	OCCUPATION	HW

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B. A. (Born alive or stillborn) at 10:50 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

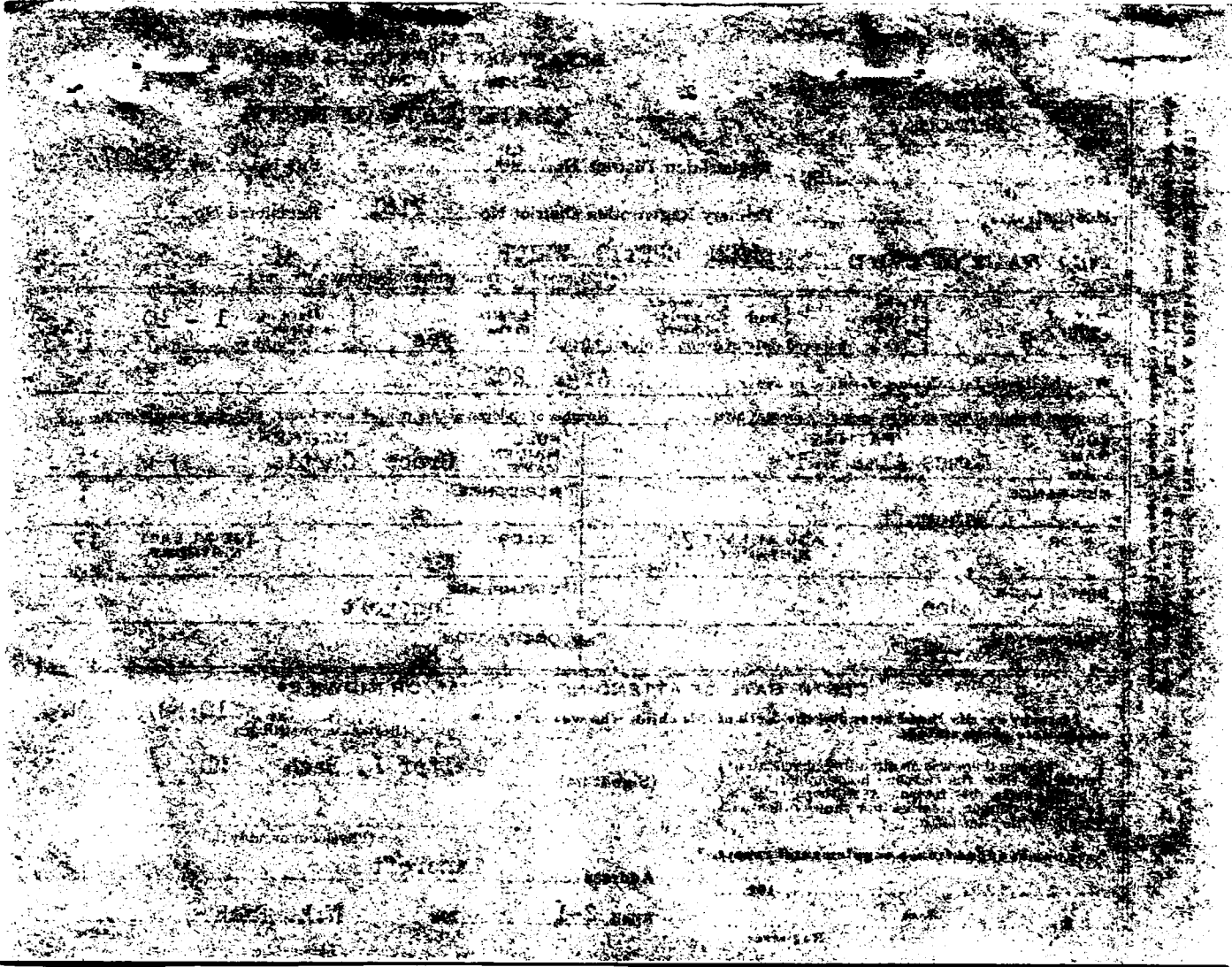
(Signature) Walter L. Bach MD

(Physician or midwife)

Address Bancroft

Filed 2-1 192.. W.L. Bach
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Caribou

Certificate No. 98107

Date Filed May 9- 1951

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Alma white Jr. (Name on Original Certificate) who Born (Was Born or Died) on January 10, 1922 (Date of Event)
in Bancroft Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
~~John Curtis White~~ Father's Name	Alma white	James Alma White
Name	Alma White Jr	John Curtis White
Mother's Name	Grace L Curtiss	Grace Curtis

Subscribed and sworn to before me this 9 day of
May, 1951
Charles W. Shanklin
Notary Public, residing at Bancroft Ida
My commission expires Nov 26th 1951
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Grace Curtis White
(Street Address, City, State) Bancroft Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Caribou

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DPH - 51117

369 - 119-003 - 545

Amended 3/3/76
Amended 1/30/76

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 98108
Local Reg. No.
Reg. Dist. No. 84

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Chesterfield

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Chesterfield

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Buford b. (Middle): Max c. (Last): Cornelison

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
M	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Jan. 19, 1922

FATHER OF CHILD

7. FULL NAME

a. (First): Forest b. (Middle): c. (Last): Cornelison

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
41 YEARS	N. Carolina	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Etta b. (Middle): c. (Last): VunCannon

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
36 YEARS	Bountiful, Utah	5		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Walter L. Bach, M. D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Bancroft

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 2-1-22

22. REGISTRAR'S SIGNATURE: W. L. Bach

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS ____ OZS. TIME: 4:35 PM

RACE OR COLOR OF FATHER: W

RACE OR COLOR OF MOTHER: W

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 23 11 20 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bingham

Certificate No. 98108

Date Filed Jan 19, 1976

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Forrest Cornelison, Jr. (Name on Original Certificate) who was born (Was Born or Died) on Jan 19, 1922 (Date of Event) in Chesterfield, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance, (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Forrest Cornelison, Jr.	Buford Max Cornelison
Buford Max Cornelison		

Subscribed and sworn to before me this 20 day of January, 1976

Olden W. Felt
Notary Public, residing at Blackfoot, Idaho
My commission expires Feb. 19, 1979
(Seal)

Signed Buford Max Cornelison
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route #1, Box 93 Blackfoot Idaho 83221
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of January, 1976

Olden W. Felt
Notary Public, residing at Blackfoot, Idaho
My commission expires Feb. 19, 1979
(Seal)

Signed [signature]
(Signature of Any Credible Person)

Box 988 Blackfoot, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 12/31/75 nm

Certif of Baptism and Confirmation from the LDS Church gives nameas Buford Max Cornelison son of Forest Cornelison and Etta Vuncanon. Born Jan 19, 1923 at Chesterfield, Idaho. Baptized Oct. 27, 1935. viewed by V. S.

XXXXXXXX

Applicatin for Life Insurance to National Public Service Ins. O. gives name as Buford Max Cornelison. born Jan 19, 1923 at Chesterfield, Idaho. daated Mar 31, 1959. viewed by V. S.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
MAR 1 1 18 PM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bingham } ss.

Certificate No. 98108

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Buford Max Cornelison (Name on Original Certificate) who was born (Was Born or Died) on Jan 19, 1922 (Date of Event)
in Chesterfield, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
mother's name	Edith VanCammon	Etta Eldora VunCannon

Subscribed and sworn to before me this 26th day of February, 1976

Virginia L Miller

Notary Public, residing at Firth, Idaho

My commission expires 6/20/77

(Seal)

Signed Buford Max Cornelison
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of February, 1976

Virginia L Miller

Notary Public, residing at Firth

My commission expires 6/20/77

(Seal)

Signed James Schwendiman
(Signature of Any Credible Person)

P.O. Box 509 Blackfoot, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 2/24/76 lcc pd.

Certif of B ptism and Confirmation from the LDS Church gives name as Buford Max Cornelison son of Forest Cornelison and Etta Vuncannon. born Jan 19, 1923. Baptized Oct 27, 1935. viewed by V. S.

MAR 3 1976

Warrenty Deed for Forest L. Cornelison and Etta L. Cornelison. dated Nov. 24, 1930 from Idaho. viewed by V. S.

553-119-003-493

PLACE OF BIRTH

RECEIVED FEB 8 - 1922 DIVISION OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Registration District No. 84 File No. 98109

Hospital

Primary Registration District No. 2161 Registered No.

FULL NAME OF CHILD Edward Nelson Jr

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	1-19-22 192

What bactericidal solution was used in eyes? arg 20 %

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Ed Nelson	FULL MAIDEN NAME: Anna Miller
RESIDENCE: Bancroft	RESIDENCE: Bancroft
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: WI28 (Years)	AGE AT LAST BIRTHDAY: W26 (Years)
BIRTHPLACE: Michigan	BIRTHPLACE: Salt Lake City
OCCUPATION: Farmer	OCCUPATION: HW

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B.A. (Born alive or stillborn) **at** 4:35 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) [signature]

(Physician or midwife)

Address Bancroft

Filed 2-1-22 192 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

396 - 213 - 003 - 916

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 98110
Local Reg. No.
Reg. Dist. No. 84

Amended 11/26/74

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bancroft
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bancroft
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Ethel
b. (Middle): Iona
c. (Last): Croney

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Jan. 13, 1922

FATHER OF CHILD

7. FULL NAME
a. (First): M.
b. (Middle):
c. (Last): Croney

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
42 YEARS	Logan, Cache Co, Utah	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Lois
b. (Middle):
c. (Last): Rawlins

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
35 YEARS	Afton, Uinta Co., Wyoming	5		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Walter L. Bach, M. D.
19. ADDRESS: Bancroft
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 2-1-22
22. REGISTRAR'S SIGNATURE: W. L. Bach
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME: 10:30 AM
RACE OR COLOR OF FATHER: W
RACE OR COLOR OF MOTHER: W
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 18 10 04 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Caribou

Certificate No. 98110

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ethel Iona Croney (Name on Original Certificate) who was born (Was Born or Died) on Jan. 13, 1922 (Date of Event)
in Bancroft, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) , are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
father's age	38	42
father's birthplace	Farmington, U	Logan, Cache Co, Utah
mother's birthplace	Salt Lake City	Afton, Uinta Co, Wyoming
mother's age	32	35

Subscribed and sworn to before me this 15th day of November, 1974

Darlene D. Hardy

Notary Public, residing at Grace

My commission expires 2-14-78

(Seal)

Signed Ethel C Lowell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Grace, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Caribou

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of November, 1974

Darlene D. Hardy

Notary Public, residing at Grace

My commission expires 2-14-78

(Seal)

Signed Ted Lowell
(Signature of Any Credible Person)

Grace Idaho
(Street Address, City, State)

FORM DH 60-155

CL 11/14/74 lcc pd.

Death notice of Moses Croney born Mar. 15,1880 at Logan, Utah. died Feb. 12, 1961. viewed by V. S.

Funeral Notice of Lois Elzira Croney born June 12, 1887 at Afton, Wyoming. Died Dec. 13, 1957. Viewed by V. S.

Family Group record gives ~~xx~~ names as Moses Croney born Marh 15, 1880 in Logan, Cache Co, Utah. and Lois Elzira Rawlins born June 12,1887 at Afton, Uinta Co., Wyoming. viewed by V. S.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
OCT 21 11 53 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Caribou

Certificate No. 98110

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Morris Croney (Name on Original Certificate) who was born (Was Born or Died) on Jan. 13, 1922 (Date of Event)
in Bancroft, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptism & Blessing Church certificates (Bible Record, Insurance Policy, Etc.) prepared on 1-13-22 & 4-27-30 (Copies made from originals) (Give Date) 10-18-74, are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Morris Croney	Ethel Iona Croney
sex of child's	M	female
mother's first name	Edith	Lois Elzira Rawlins

Subscribed and sworn to before me this 18th day of October, 19 74.

Darlene D. Hardy

Notary Public, residing at Grace, Idaho

My commission expires 2-14-78

(Seal)

Signed Ethel C. Rowell

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Caribou

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of October, 19 74.

Darlene D. Hardy

Notary Public, residing at Grace, Idaho

My commission expires 2-14-78

(Seal)

Signed Reed Lowe

(Signature of Any Credible Person)

Grace Idaho

(Street Address, City, State)

FORM DH 60-155

CL 10/7/74

XXXXXXXCertificate of Baptism and Confirmation from the LDS Church gives name as Ethel Croney daughter of Moses Croney and Lois Rawlins. Born Jan. 13, 1922 at Bancorft. Idaho. Was Baptized April 27, 1930. viewed by V. S.

Certif. of Blessing from LDS church gives name as Ethel Iona Croney daughter of Moses Croney and Lois Rawlins. Born Jan. 13, 1922. Was Blessed May 7, 1922. viewed by V. S.

862-129-003-785

Amended 7/10/69

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 98111
Local Reg. No.
Reg. Dist. No. 74

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bancroft

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: b. COUNTY:

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Ten Mile

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): James b. (Middle): Lee c. (Last): Hosick

4. SEX: M

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Jan. 29, 1922

FATHER OF CHILD

7. FULL NAME

a. (First): Harry b. (Middle): King c. (Last): Hosick

8. AGE (At time of this birth): 40 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): LeRoy, Kansas

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Muriel b. (Middle): May c. (Last): Phelps

13. AGE (At time of this birth): 36 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Logan, Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Walter W. Bach

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Bancroft

20. DATE SIGNED: 2-1-22

21. DATE REC'D BY LOCAL REG.: 2-1-22

22. REGISTRAR'S SIGNATURE: Walter L. Bach

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: W

RACE OR COLOR OF MOTHER: W

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

METHOD OF DELIVERY:

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Caribou }

Certificate No. 98111

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Harold K. Hossick (Name on Original Certificate) who was born (Was Born or Died) on Jan 29 - 1922 (Date of Event)
in Bancroft Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by this affidavit (Bible Record, Insurance Policy, Etc.) prepared on July 5th 1943 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Harold K.	James Lee Hosick
Surname	Hossick	Hosick

Subscribed and sworn to before me this 5th
day of July, 1943

Colin Chester
~~Notary Public~~, residing at Soda Springs, Idaho.

My commission expires 2nd Monday January 1947
(Seal)

Signed Muriel M. Hosick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Soda Springs Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Caribou }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
day of July, 1943

~~Notary Public~~, residing at Soda Springs, Idaho

My commission expires 2nd Monday in January 1947
(Seal)

Signed Harvey K. Hosick
(Signature of Any Credible Person Other Than Previous Year)

Soda Springs Idaho
(Street Address, City, State)

JUL 9 1943

APR 21 1969

JUL 10 1969

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED JUL 10 1969 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 98111

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for James Lee Hosick (Name on Original Certificate) who was born (Was Born or Died) on 1-29-22 (Date of Event)

in Bancroft, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's name	H. K. Hosick	Harry King ~~Hoscik~~ HOSICK
Father's birthplace	Ogden	LeRoy, Kansas
Mother's Maiden Name	Myrtle Osborne	Muriel ~~Mae~~ Phelps

Subscribed and sworn to before me this 27th day of June, 1969

Kenneth M. Fowler Kenneth M. Fowler

Notary Public, residing at Clerk of District Court

My commission expires Lytha Ellis, Deputy

(Seal)

X Signed Louise A. Lloyd MAY

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

141 N Main Soda Springs, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Caribou }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of June, 1969

Kenneth M. Fowler Clerk of District Court

Notary Public, residing at Lytha Ellis, Dep.

My commission expires .....

(Seal)

X Signed Louise A. Lloyd

(Signature of Any Credible Person)

141 N. Main Soda Springs, Idaho

(Street Address, City, State)

FORM DH 60-155 CL 6/2/69 1cc pd.

Delayed birth certificate filed in Topeka, Kansas gives father's name as Harry King Hoscik. Born Apr. 13, 1885. Dated 7-24-46. Viewed by V. S.

Marriage Certificate dated May 19, 1909 gives groom's name as Harry King Hosick. Married in Yates Center Kansas. Signed by. G.H. Lamb. Minister of the Gospel. Viewed by V. S.

Delayed birth certificate filed in Topeka, Kansas gives mother's namea as Muriel May Phelps. Born Nov. 11, 1886 Dated 724-46. Viewed by V. S.

Marriage Certificate dated May 19, 1909 gives bride's names as Muriel Phelps. Married in Yates Center, Kansas. Signed by G. H. Lamb Minister of the Gospel. Viewed by V. s.

Delayed birth certificate field in Topeka, Kansas gives father's birth place as LeRoy, Kansas. Born Apr. 13, 1885. Dated 7-24-46. Viewed by V. S.

914 - 202-003-753

PLACE OF BIRTH

FEB 6 - 1922

BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98122

County of Bannock

City of Pocatello

No. 7th Ave. St.

Registration District No. 28 File No. 74

Hospital St. Anthony's Primary Registration District No. 2161 Registered No. 4168

FULL NAME OF CHILD Maria Antoinette Radys

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	/	and	Yes	Jan. 2 1922

What bactericidal solution was used in eyes? Silver nitrate sol. 1 %

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER

FULL NAME Alexander Radys

RESIDENCE 246 South 3rd.

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Poland

OCCUPATION Car - Inspector

MOTHER

FULL MAIDEN NAME Stella Pelowska

RESIDENCE 246 South 3rd.

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Poland

OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:30 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Wright

Pocatello, Ida

(Physician or midwife)

Address Kane Bldg.

Give names added from a supplemental report.

....., 19.....

Filed 2/1 1922 J. H. Young

Registrar.

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 1975

419-202-003-133

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 8 - 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98123

County of Bannock

City of Pocatello

No. 825 N 10 ave St. Registration District No. 28 File No. 74

Hospital Primary Registration District No. 2161 Registered No. 4169

FULL NAME OF CHILD Wilma Bernice Marvin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
7		yes	1 - 2 1922

What bactericidal solution was used in eyes? agno 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Earl H Marvin	FULL MAIDEN NAME	Alice Allen
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	W AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	S.D.	BIRTHPLACE	wyo
OCCUPATION	laborer	OCCUPATION	hwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Young
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello

Filed 2/1 1922 J R Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 1 1942

NOV 2 6 1947

493-103-003-633

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

98124

PLACE OF BIRTH

RECEIVED FEB 8 - 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Inkom

Registration District No. 28 File No. 76

No. ____ St.

Primary Registration District No. 2161 Registered No. 4190

Hospital ____

FULL NAME OF CHILD Hugh Fremont Mills

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			6	Yes	Jan 9 1922

FATHER		MOTHER	
FULL NAME	Harvey L. Mills	FULL MAIDEN NAME	Verna E. Olsosen
RESIDENCE	Inkom	RESIDENCE	Inkom
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Perron Utah	BIRTHPLACE	Castle Dale Utah
OCCUPATION	Farmer	OCCUPATION	Domestic

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:25 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

(Signature) Martha M. Scadden

Midwife (Physician or midwife)

Address Inkom Ida

Filed 2/4 19 2

J. P. Young Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED MAR 15 1922 BUREAU OF VITAL STATISTICS

MAR 7 - 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Onyx

Street: .....

County: Bannock

File Number: 98124

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: January 3rd, 1922

Father: Harvey Lafayette Mills (Full Name)

Mother: Verna Elizabeth [illegible] (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Hugh Francis Mills

Child's Name in Full

H. F. Mills

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, pa
and legitimacy.

It enables the Public Health Nurse to make sure the ch
been protected from danger of blindness and other infections at

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men a
pelled to furnish certified copies of certificates of birth, it
portant that the certificates be filed with the BUREAU OF VITAL
TICS and the same completed by furnishing the name of the child

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

251-203-003-256

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 8 - 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98125

County of Bannock
City of Pocatello
No. 7th Ave. St.
Hospital St. Anthony's

Registration District No. 28 File No. 74
Primary Registration District No. 2161 Registered No. 4171

FULL NAME OF CHILD Mary Keating
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Jan. 3 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate Sol. 1%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Frank Keating	FULL MAIDEN NAME	Sarah Knable
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	South Dakota	BIRTHPLACE	Iowa
OCCUPATION	Rail Road Employee	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at St. Anthony Hospital on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dean M. Newton
(Physician or midwife)

Address Pocatello Ida

Filed 2/1 1922 J. L. Fleming
Registrar

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-103-003-215

PLACE OF BIRTH

RECEIVED
FEB 8 - 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98126

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Bannock
City of Pocatello
No. 120 N Smiths St.
Registration District No. 28
File No. 74
Hospital
Primary Registration District No. 2161
Registered No. 4172

FULL NAME OF CHILD Jack Ross Bench
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	1 3 1922

What bactericidal solution was used in eyes? agNO3 1%

Number of child of this mother, including present birth 1
Number of child of this mother now living, including present birth 1

FATHER

FULL NAME: John E Bench
RESIDENCE: Pocatello
COLOR: W
AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Idaho
OCCUPATION: machinist

MOTHER

FULL MAIDEN NAME: Elva Saint
RESIDENCE: same
COLOR: W
AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Idaho
OCCUPATION: housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Young
(Physician or midwife)
Address Pocatello Ida

Give names added from a supplemental report.

....., 19.....
Registrar.

Filed 2/ 192 J. R. Young
Registrar.

One copy 10/30/40 L.B.

OCT 26 1953

713-207-003-14S

PLACE OF BIRTH

RECEIVED
FEB 8 - 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 98128

County of Bannock

City of Pocatello

No. Ranch St. Registration District No. 28 File No. 76

Hospital Primary Registration District No. 2141 Registered No. 4174

FULL NAME OF CHILD Anna Lovina Palmer
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	1 - 7 1922

What bactericidal solution was used in eyes? agno 3 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Grant Palmer	FULL MAIDEN NAME	Dot Ames
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Hsf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 40 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Young

(Physician or midwife)

Address Pocatello Ida

Filed 2/1 1922 J. H. Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

515-108-003-993

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 8 - 1922 BUREAU OF VITAL

CERTIFICATE OF BIRTH

98129

County of Bannock

City of Pocatello

No. 244 So Hayes St.

Registration District No. 28 File No. 76

Hospital

Primary Registration District No. 2161 Registered No. 4175

FULL NAME OF CHILD Harold Van Valkenberg
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Jan 8 1922

What bactericidal solution was used in eyes? 1 % $AgNO_3$

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Marvin James Van Valkenberg	FULL MAIDEN NAME	Hazel Laura Richardson
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Fort Washake Wyoming
OCCUPATION	Machinist Helper	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers
(Physician or midwife)

Address Pocatello Idaho

Filed 2/1 1922 J R Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Ly 3ey 41

SEP 15 1952

JUN 30 1952

296-108
003-449

[redacted]

STATE OF IDAHO
MENT OF PUBLIC WELFARE
REAU OF VITAL STATISTICS

TIFICATE OF BIRTH 98130

County

City of

No. 7th Ave St. Registration District No. 28 File No. 74

Hospital St. Anthonys Primary Registration District No. 2161 Registered No. 4174

FULL NAME OF CHILD Richard Brown
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1 and		Yes	Jan 8 1922

(To be answered only in event of plural births)

What bacteriolidal solution was used in eyes? Silver Nitrate Sol. 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	David Charles Brown	FULL MAIDEN NAME	Mary Marg. Murphy
RESIDENCE	736 West Benton	RESIDENCE	736 West Benton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Kansas
OCCUPATION	Break-man	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. M. Newton
(Physician or midwife)

Address Caldwell

Filed 2/1 1922 H. Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7 1959

296-108-003-335

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 8 - 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98131

County of Bannock

City of Pocatello

No. 618 W Clark St.

Registration District No. 28 File No. 76

Primary Registration District No. 2161 Registered No. 4177

Hospital

FULL NAME OF CHILD Thomas Collier Brooks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan. (Month) 8. (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Collier C. Brooks	FULL MAIDEN NAME	Blanche Clendenin
RESIDENCE	618 W. Clark Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Otterville Missouri	BIRTHPLACE	Blackfoot Idaho
OCCUPATION	R. R. Shopman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Shadden

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address 203 - 1st Nat'l Bank Bldg

Registrar

Filed 2/1 1922

J. R. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for and the number of each, in order of birth stated.

CLASSIFIED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
MAR 11 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, MAR. 7 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pocatello

Street: 618 N. Clark

County: Bannock

File Number: 98131

Registration Dist. No.:

Sex of Child: Male

Date of Birth: January 8 192X

Father: Collier C. Brooks (Full Name)

Mother: Blanche Clendenin (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Thomas Collier Brooks
Child's Name in Full

Mrs. Collier C. Brooks
Signature of Father or Mother

SEP 2 1949

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

DEC 7
MAY 20 1950

466-210-003-365

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED - 1922 BUREAU OF VITAL

CERTIFICATE OF BIRTH

98132

County of Bannock

City of Pocatello

No. 746 So 10th St. Registration District No. 28 File No. 74

Hospital Primary Registration District No. 2161 Registered No. 4178

FULL NAME OF CHILD Virginia Almetia Moon
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Jan 10 1922

What bactericidal solution was used in eyes? 17. AgNO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Roy Adron Moon	FULL MAIDEN NAME	Lena Mary Connell
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Washington	BIRTHPLACE	Cleburne, Texas
OCCUPATION	Section Stockman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello Idaho

Filed 2/1 1922 J. R. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 3 1974

869-202-003-253

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bannock
Pocatello

AMENDED

CERTIFICATE OF BIRTH

March 18, 1947

Registration District No. 28 File No. 98133

No. 7th Ave. St.

Hospital St. Anthony's Primary Registration District No. 2161 Registered No. 4179

FULL NAME OF CHILD Marcia Heimerdinger
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	1		Yes	January 22 192...

What bacteriolidal solution was used in eyes? Silver Nitrate Sol. 1%

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: H. Boyd Heimerdinger	FULL MAIDEN NAME: Florence Sell
RESIDENCE: Pocatello 140 North 12th	RESIDENCE: 140 North 12th
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Mont.	BIRTHPLACE: Nebraska
OCCUPATION: Travelling Salesman	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bean Newton

(Physician or midwife)

Address Pocatello, Idaho

Filed 2/1/ 2 192.. J. R. Young
Registrar.

Give names added from a supplemental report.

....., 192....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 98133

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Marcia Hemenderger (Name on Original Certificate) who was born (Was Born or Died) on Jan 2 - 1922 (Date of Event)
in Pocatello Idaho (Place of Event) are erroneous or were omitted, and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Jan 9 - 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birth date	Jan. 10, 1922	January 2, 1922

Subscribed and sworn to before me this 1st day of April, 1946.

Mary A. McLaurin
Notary Public, residing at Los Angeles, Calif.
My commission expires December 5, 1948
(Seal)

Signed Florence S. Hemenderger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of April, 1946.

Mary A. McLaurin
Notary Public, residing at Los Angeles, Calif.
My commission expires December 5, 1948
(Seal)

Signed H B Hemenderger
(Signature of Any Credible Person)

437 S Hartford Ave.
(Street Address, City, State)
Los Angeles, Calif.

243-110-003-816

PLACE OF BIRTH

DEPARTMENT OF [redacted]
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 8 - 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 98134

County of Bannock

City of Pocatello

No. ..... St.

Hospital St Anthonys

Registration District No. 28 File No. 74

Primary Registration District No. 2161 Registered No. 4180

FULL NAME OF CHILD James Backendoof

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male			Yes	Jan	10	1922

What bactericidal solution was used in eyes? Yes Argyrol 3 1/2 %

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER

FULL NAME Floyd Backendoof

RESIDENCE Pocatello Idaho

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Idaho

OCCUPATION Dairyman

MOTHER

FULL MAIDEN NAME Mary Hawley

RESIDENCE 1225 S 5th Ave Pocatello Idaho

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:30 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Carl W Clark MD

Physician (Physician or midwife)

Address Pocatello Ida

Filed 2/1 1922 J C Young Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 8 1943

SEP 1 5 1971

154-110-005-279

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98135

RECEIVED
FEB 8 - 1922
BUREAU OF VITAL STATISTICS

County of Bannock
City of Pocatello
No. 643 N 5 Ave
Registration District No. 28
File No. 26
Hospital
Primary Registration District No. 7161
Registered No. 4181

FULL NAME OF CHILD Jas Andrus Jr
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M				yes	1 10 1922

What bactericidal solution was used in eyes? Agno 3 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	James Andrus	Maria Spiro
RESIDENCE	Pocatello	same
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	44	42
BIRTHPLACE	Greece	Greece
OCCUPATION	Laborer	hsf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 40 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Young
(Physician or midwife)

Address Pocatello Idg

Filed 2/1 1922 J H Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

345-211-003-255

[redacted] OF BIRTH

RECEIVED
FEB 8 - 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

11-C—25m-9-8-17

98136

County of Bannock

City of Lava Hot Springs

No. ..... St.

Hospital .....

Registration District No. 28

File No. 76

Primary Registration District No. 2161

Registered No. 4182

FULL NAME OF CHILD Donna Mae Tunks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	1 (Month) 11 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Sebe N. Tunks	FULL MAIDEN NAME	May Benson
RESIDENCE	Lava Hot Springs	RESIDENCE	Lava Hot Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

Argerol 10%

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 15 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. Wigglesworth

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Lava Hot Springs

Filed 2/1 1922 J. C. Young

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 98136

State of Idaho }ss.
County of Bonneville }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Jan 11, 1922 (Birth or Death)

for Donna Mae Tunks (Name on Original Certificate) who was born (Was Born or Died) on Jan 11, 1922 (Date of Event)

in Lava Hot Springs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by birth record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Donna Mae Tunks

Subscribed and sworn to before me this 28 day of [illegible], 1942

[illegible] Crowley

Notary Public, residing at Idaho Falls, Idaho.

My commission expires Feb. 3, 1944
(Seal)

Sarah Mae (Benson) Tunks
Also:

Signed Mrs. S. R. Tunks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

236-9 St. Idaho Falls, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }ss.
County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed H. L. Benson
(Signature of Any Credible Person Other Than Previous Year)

Thornton Ida.
(Street Address, City, State)

AUG 5 1942

659-112-003-964

PLACE OF BIRTH

RECEIVED
FEB 8 - 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98137

County of Bannock

City of Ranch No of City

No. Near Pumphouse

Registration District No. 28 File No. 76

Hospital

Primary Registration District No. 2161 Registered No. 4183

FULL NAME OF CHILD Joe Fernandez
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Jan 12 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 13 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Felipe Fernandez	FULL MAIDEN NAME	Regina Romero
RESIDENCE	Ranch No of Pocatello 5 mile	RESIDENCE	Same
COLOR	Mexican	COLOR	Mexican
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at [illegible] 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carl W Clark M.D.
Physician
(Physician or midwife)

Address Pocatello Idy

Filed 2/1 1922 J. H. Young
Registrar

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238 - 203 - 003 - 515

PLACE OF BIRTH

RECEIVED
FEB 8 - 1922
BUREAU OF VITAL STATISTICS

Amended 7.28.75

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98138

County of Bannock

City of Pocatello

No. 715 So. Harrison St.

Registration District No. 28 File No. 96

Primary Registration District No. 2161 Registered No. 4184

Hospital

FULL NAME OF CHILD Dorothy Ann Schick

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	Yes	1 — 3 1922

What bactericidal solution was used in eyes? Cr No 3 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Frank Hiram Schick	FULL MAIDEN NAME	Della Agnes Vaughn
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Canton O.	BIRTHPLACE	Pocatello Idaho
OCCUPATION	R. R. conductor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician

(Physician or midwife)

Address Pocatello.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 2 - 1 1922 [signature]

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 29 1973

OCT 29 1942

TO 447 CA (4-73)
(Individual)

TITLE INSURANCE AND TRUST

A TICOR COMPANY

STAPLE HERE

STATE OF CALIFORNIA
COUNTY OF Los Angeles } SS.

On July 21, 1975 before me, the undersigned, a Notary Public in and for said State, personally appeared Dolores Margaret Schick,

_____,

_____,

_____, known to me

to be the person ____ whose name is subscribed to the within instrument and acknowledged that she executed the same.

WITNESS my hand and official seal.

Signature _____

_____
Name (Typed or Printed)

OFFICIAL SEAL
AIDA G. PAZ
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
My Commission Expires Aug. 4, 1975

(This area for official notarial seal)

TO 447 CA (4-73)
(Individual)

TITLE INSURANCE AND TRUST
A TICOR COMPANY

STAPLE HERE

STATE OF CALIFORNIA
COUNTY OF Los Angeles } SS.

On July 21, 1975 before me, the undersigned, a Notary Public in and for said State, personally appeared Della Agnes Schick,

_____,

_____,

_____, known to me to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same.

WITNESS my hand and official seal.

Signature Aida Paz

_____
Name (Typed or Printed)

OFFICIAL SEAL
AIDA G. PAZ
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
My Commission Expires Aug. 4, 1975

(This area for official notarial seal)

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 24 11 29 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss
County of ..... }

Certificate No. 98138

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Beverly Schick (Name on Original Certificate) who was born (Was Born or Died) on Jan. 3, 1922 (Date of Event) in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Beverly	Dorothy Ann Schick

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Della G. Schick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Elnora Margaret Schick
(Signature of Any Credible Person)

19102 So. Kayak Cerritos, Calif 90701
(Street Address, City, State)

FORM DH 60-155 CL 7/16/75 lcc pd.

Certif. of First Communion from Church of the Nativity gives name as Dorothy Schick. dated April 23, 1933. viewed by V. S.

JUL 28 1975

Statement by mother concerning family records gives name as Dorothy Ann Schick born Jan. 3, 1922 at Pocatello, Idaho. viewed by V. S.

689-205-003-296

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 8 - 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

98139

County of Bannock
City of Pocatello
No. ..... St.
Hospital General
Registration District No. 28
Primary Registration District No. 2164
File No. 76
Registered No. 418

FULL NAME OF CHILD Byra Lou Whittlesey
(Certificate of no value without full name of child.)

Sex of Child F.
Twin, Triplet, or other? — and Number in order of birth — (To be answered only in event of plural births)
Legitimate? Yes
Date of birth 1-5 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Arg. Nit. 1%

Number of child of this mother, including present birth 1
Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Horace Belden Whittlesey	FULL MAIDEN NAME	Byra Brooks
RESIDENCE	Pocatello.	RESIDENCE	Pocatello
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Crete Nebr.	BIRTHPLACE	Bancroft Nebr.
OCCUPATION	Druggist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8.30 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
Physician
(Physician or midwife)
Address Pocatello

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 2/1 1922 [signature] Registrar.

JAN 1 0 1946

APR 11 1943

DEC 24 1942

619-112-003-391

PLACE OF BIRTH

RECEIVED
B 8 - 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

98140

CERTIFICATE OF BIRTH

County of Bannock
City of Pocatello
No. 906 N Garfield St.
Hospital

Registration District No. 28
File No. 76
Primary Registration District No. 2161
Registered No. 4186

FULL NAME OF CHILD Luke Harry Farthing
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	1 12 1922

What bactericidal solution was used in eyes? argyrol 1%

Number of child of this mother, including present birth 3
Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Luke M Farthing	FULL MAIDEN NAME	Lydia Craft
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Miss.	BIRTHPLACE	ark.
OCCUPATION	Locomotive Fireman	OCCUPATION	hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 240 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Young
(Physician or midwife)
Address Pocatello Ida

Filed 2/1 1922 J R Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1944

MAY 2 3 1944

219-113-003-363

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98141

County of Bannock
City of Pocatello
No. 805 So 10 St
Hospital

RECEIVED
FEB 8 - 1922
BUREAU OF VITAL STATISTICS

Registration District No. 28
Primary Registration District No. 2161

File No. 76
Registered No. 4187

FULL NAME OF CHILD Wm Harold Barrett.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	1 13 1922

What bactericidal solution was used in eyes? Agno3 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Henry L Barrett	FULL MAIDEN NAME	Laura Colman
RESIDENCE	Pocatello	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ida	BIRTHPLACE	Wyo.
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2.40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Young
(Physician or midwife)

Address Pocatello Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 2/1 1922 J H Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 17 1942

891-114-003-249

PLACE OF BIRTH

RECEIVED
FEB 8 - 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98142

County of Bannock
City of Pocatello
No. 340 So. Hayes St.
Hospital Butte Hotel

Registration District No. 28 File No. 76
Primary Registration District No. 2161 Registered No. 4188

FULL NAME OF CHILD James Leroy Heath
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Jan. 14 1922

What bactericidal solution was used in eyes? Boracic Acid

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Arthur Leroy Heath	FULL MAIDEN NAME	Nell Dorthy Smith
RESIDENCE	340 So. Hayes	RESIDENCE	340 So. Hayes
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Thurber, Utah	BIRTHPLACE	Clarkston, Utah
OCCUPATION	O. S. L. fireman	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2.55 a.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Ann W. Bird
Midwife
(Physician or midwife)

Address 413 So. 4th Ave.

Filed 2/1 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Mch. 26-22

RECEIVED
MAR 29 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, March 16, 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pocatello Idaho

Street: 940 S. Hayes

County:

File Number: 98142

Registration Dist. No.: 28

Sex of Child: Male

Date of Birth: January 14 1922

Father: Arthur Leroy Heath (Full Name)

Mother: Nell Dorthy Smith (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

James Leroy Heath

(Child's Name in Full)

Would you kindly give us the date of birth of your child in order that we may complete our record?

Nellie Dorthey Heath

Signature of Father or Mother

1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

231-115-003-553

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 8 - 1922
BUREAU OF VITAL STATISTICS

98143

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 806 N 6 and St.

Registration District No. 28 File No. 76

Hospital St Anthony Primary Registration District No. 2161 Registered No. 4189

FULL NAME OF CHILD James Joseph Scardino
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	1 15 1922

What bactericidal solution was used in eyes? agno 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Gaspar Scardino	FULL MAIDEN NAME	Minnie Vetrano
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	w AGE AT LAST BIRTHDAY 28 (Years)	COLOR	w AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Ida
OCCUPATION	Laborer	OCCUPATION	hwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Young
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello Ida

Filed 2/1 1922 J R Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 16 1954

MAR 17 1954

JAN 27 1954

619-116-003-216

PLACE OF BIRTH

RECEIVED
FEB 8 - 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 98144

County of Bannock
City of Pocatello
No. 1002 N Wash St
Registration District No. 23 File No. 76
Hospital
Primary Registration District No. 2161 Registered No. 4170

FULL NAME OF CHILD Earl Orvin Wardle
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
m			yes	1-14-1922

What bactericidal solution was used in eyes? agno3 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Orin F Wardle	FULL MAIDEN NAME	Margaret Lawyer
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Wyo.	BIRTHPLACE	Ida
OCCUPATION	laborer	OCCUPATION	keep.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, **at** 1:30 **M.** **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Young
(Physician or midwife)
Address Pocatello Ida

Filed 2/1 1922 J H Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 16 1942

MAY 2 1 195

465-217-003-255

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 8 - 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98145

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 76

Hospital Pocatello Gen'l Primary Registration District No. 241 Registered No. 4191

FULL NAME OF CHILD Nina Donat Arline
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Jan (Day) 17 (Year) 1922
X		Yes	

What bactericidal solution was used in eyes? 20% argyrol sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Geo Dewey Donat	FULL MAIDEN NAME	Nina Gertrude Keeler
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Armour, S.D.	BIRTHPLACE	Lamoina, Iowa
OCCUPATION	R.R. Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 5:45 A. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello

Filed 2/1 1922 J. R. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

793-117-003-239

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED FEB 8 - 1922 BUREAU OF VITAL STATISTICS STATE OF IDAHO

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98146

County of Bannock, City of Pocatello, No. 220 Pierce St.

Registration District No. 28 File No. 74

Hospital Home. Primary Registration District No. 2161 Registered No. 4192

FULL NAME OF CHILD James Elmer Pitts.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes	Jan. 17 1922

FATHER		MOTHER	
FULL NAME	Charles Pitts	FULL MAIDEN NAME	Lillian. Straker
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
COLOR	White	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Marysville Utah	BIRTHPLACE	Boise Idaho.
OCCUPATION	Truck driver	OCCUPATION	Housewife.

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7:45 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) W. D. Bradden

(Physician or midwife)

Address 1st Nat'l Bank Bldg Pocatello

Filed 2/1 1922 J. R. Young Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

ED
922
ITAL
ICS

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pocatello Idaho

Street: 936 South Main

County: Bannock

File Number: 98146

Registration Dist. No.:

Sex of Child: Male

Date of Birth: January 17 192?

Father: Charley Thomas Pitts (Full Name)

Mother: Lillieon Striker (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

James Elmer Pitts
Child's Name in Full

Lillieon Pitts
Signature of Father or Mother

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

766-218-003-41S

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 8 - 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98147

County of Bannock

City of Pocatello

No. 209 Sherman

Registration District No. 28 File No. 76

Hospital

Primary Registration District No. 2161 Registered No. 4193

FULL NAME OF CHILD Betty Mae Poorman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
7		yes	1 18 1922

What bactericidal solution was used in eyes? agno 3 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Ray Poorman	FULL MAIDEN NAME	Mae Davis
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	W AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Mass.
OCCUPATION	Rancher	OCCUPATION	hwf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 15 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Young
(Physician or midwife)

Address Pocatello Ida

Filed 2/1 1922 J R Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]ARTMEN[illegible]

CUR... Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Pocatello

Street 209 W. Sherman

County Bannock

File Number 98147

Registration Dist. No. .....

Date of Birth Jan 18 [illegible] 1922

Sex of Child Female

Father John Ray Poorman (Full Name) Mother Mary Alice Davis (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Betty Mae Poorman
Child's Name in Full

J. R. Poorman
Signature of Father or Mother

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

319-119-003-559

PLACE OF BIRTH

RECEIVED FEB 8 - 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98148

County of Bannock

City of Pocatello

No. 540 No. Hayes St. Registration District No. 28 File No. 16

Hospital Primary Registration District No. 2161 Registered No. 4194

FULL NAME OF CHILD Robert Dowds Carrothers Jr.

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	and		Yes	1 - 19 1922

What bactericidal solution was used in eyes? Cr No. 1 1%.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Robert Dowds Carrothers	FULL MAIDEN NAME	Charlotte K. Nielsen
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Pocatello.
OCCUPATION	Motion Picture Business	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 A. M. on the date above stated.
(Born alive or stillborn)

(Signature) [signature]

Physician
(Physician or midwife)

Address Pocatello.

Filed 2/4 1922 [signature]
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 18 1964

366-219-003-691

PLACE OF BIRTH

RECEIVED
FEB 8 - 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98149

County of Bannock

City of Pocatello

No. ..... St. Registration District No. 28 File No. 86

Hospital Pocatello Gen'l Primary Registration District No. 2161 Registered No. 4195

FULL NAME OF CHILD Jeanne Coffin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Jan (Day) 19 (Year) 1922
X		Yes	

What bactericidal solution was used in eyes? 20% argyrol sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Thos Frank Coffin	FULL MAIDEN NAME	Aileen Franklin
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Caldwell, Ida	BIRTHPLACE	Pocatello, Ida
OCCUPATION	Lawyer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 4:30 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello

Filed 2/1 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 8

Boise, Idaho, March 16, 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number 98149

Registration Dist. No. 28

Sex of Child Female

Date of Birth January 19, 1922

Father Thomas Chalkley Coffin (Full Name)

Mother Aileen Franklin (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Jeanne Coffin (Child's Name in Full)

Thomas C. Coffin (Signature of Father or Mother)

Would you kindly give us the date of birth of your child in order that we may complete our record?

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

281-219-003-795

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 98150

RECEIVED FEB - 1922

County of Bannock
City of Pocatello
No. 1045 So. 3rd St.
Registration District No. 28 File No. 76
Hospital
Primary Registration District No. 2161 Registered No. 4196

FULL NAME OF CHILD Dorothy Louise Shane
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Jan. 19, 1922

What bactericidal solution was used in eyes? 1% Ag NO3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Wayne Jennings Shane	FULL MAIDEN NAME: Winifred Green
RESIDENCE: 1045 So. 3rd.	RESIDENCE: 1045 So. 3rd.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Omaha, Nebraska.	BIRTHPLACE: Star Valley, Wyo.
OCCUPATION: Chauffer truck	OCCUPATION: Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:30 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) W. F. Howard
Physician
(Physician or midwife)

Address Pocatello, Idaho.

Filed 2/1 1922 J. H. Young
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

REC'D MAR 16 1922
BUREAU OF VITAL STATISTICS

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Pocatello Idaho

Street 1045 So 3rd Ave.

County Bannock

File Number 98150

Registration Dist. No. .....

Date of Birth January 19 1922.

Sex of Child Female

Father Wayne Jennings Shane (Full Name)

Mother Zelia Winifred Green (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Wanda Louise Shane
Child's Name in Full

Signature of Father or Mother

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

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- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD

315-120-003-621

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98151

County of Bannock
City of Pocatello
No. 144 So. Main St.
Hospital Home

FEB 8 - 1922

Registration District No. 28
Primary Registration District No. 2161
File No.
Registered No. 4197

FULL NAME OF CHILD Shigenobu Tanikuni
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Jan 20 1922

What bactericidal solution was used in eyes? Baracic Acid

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Joe Tanikuni	FULL MAIDEN NAME Jane Okano
RESIDENCE 144 So. Main	RESIDENCE 144 So. Main
COLOR Japanese	COLOR Japanese
AGE AT LAST BIRTHDAY 49 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Japan	BIRTHPLACE Japan
OCCUPATION Prop. restaurant	OCCUPATION Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) Mrs. Ann M. Bird
Midwife
(Physician or midwife)

Address 413 So. 4th Ave.

Filed 2/1 1922 J. H. Fleming
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 24 1964

3 certified copies issued 1-14-38 PBA

5756-5757-5758

DECEASED

495-221-003-351

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED FEB 8 - 1922 BUREAU OF VITAL STATISTICS

County of Bannock

City of Pocatello Ida

Registration District No. 28

File No. 98152

No. 1005 no 9 St.

Primary Registration District No. 2161

Registered No. 4178

Hospital —

FULL NAME OF CHILD Not named. Deceased in 48 hours. Adeline Minardi

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			1	yes	Jan (Month) 21 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Minardi	FULL MAIDEN NAME	Georgia Tejatra
RESIDENCE	1005 no 9 Th.	RESIDENCE	1005 no 9 Th.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3.28 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lynn

phy (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address 440 W. Hayden St

Filed 2/1 1922 J. Young Registrar

S-T-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY-WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STAT

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
MAR 7 1922
BUREAU OF VITAL STATISTICS

MAR 7 - 1922

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pocatello

Street: 1005 North 5th

County: Bannock

File Number: 98152

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Jan 26 1922

Father: John Minnardi (Full Name)

Mother: Georgia Minnardi (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Adeline Minnardi
Child's Name in Full

John Minnardi
Signature of Father or Mother

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

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It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance,
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

156-121-003-458

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 8 - 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 98153

County of Bannock

City of Pocatello

No. ..... St.,

Registration District No. 28 File No. 76

Hospital Pocatello Gen'l Primary Registration District No. 2161 Registered No. 4199

FULL NAME OF CHILD Merrit Lawrence Jeffery
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	Jan 21 1922

What bactericidal solution was used in eyes? 20 0/0 argyrol sol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Harry Lawrence Jeffery	FULL MAIDEN NAME	Allen Louise Meyer
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Iowa	BIRTHPLACE	Buttermilk, Wis
OCCUPATION	Cigar Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 11.40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Pocatello

Filed 2/1 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pocatello

Street: General Hospital

County: Bannock

File Number: 98153

Registration Dist. No.:

Date of Birth: Jan 21 1922

Sex of Child: Male

Father: Harry Lawrence Jeffery (Full Name)

Mother: Ada Louise Meyer (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Merrit Lawrence Jeffery (Child's Name in Full)

Mrs. W. L. Jeffery (Signature of Father or Mother)

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is im-

218-222-003-285

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

98154

RECEIVED
FEB 8 - 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. R.F.D. St.

Hospital

Registration District No. 28 File No. 76

Primary Registration District No. 2161 Registered No. 4200

FULL NAME OF CHILD Louie Toi Long Ka You
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
7		yes	1 22 1922

What bactericidal solution was used in eyes? agno 3 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Louie Jim Ka You	FULL MAIDEN NAME	Huey Shee
RESIDENCE	Pocatello Ida	RESIDENCE	same
COLOR	yellow AGE AT LAST BIRTHDAY 47 (Years)	COLOR	yellow AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	China	BIRTHPLACE	China
OCCUPATION	Farmer	OCCUPATION	hwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 20 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Young
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello Ida

Filed 2/1 1922 J R Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-222-003-349

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 8 - 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98155

County of Bannock

City of Pocatello

No. ..... St.

Hospital Pocatello Gen'l

Registration District No. 28 File No. 76

Primary Registration District No. 2161 Registered No. 4201

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
X		Yes	Jan 22 1922

What bactericidal solution was used in eyes? 20% Argyrol Sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Robert Edward Watson	FULL MAIDEN NAME	Gladys Mary Turner
RESIDENCE	Pocatello, Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Cheyenne, Wyo.	BIRTHPLACE	Fargo N.D.
OCCUPATION	Clothier	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3:15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Pocatello

Filed 2/1 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City ..... Street ..... County .....

File Number 98155

Registration Dist. No. .....

Date of Birth ..... 192....

Sex of Child ..... Female .....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

..... Child's Name in Full

..... Signature of Father or Mother

Supplemental returned

OVER

- - - - - - - - - - -

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It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

349-223-003-815

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 3- 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98156

County of Bannock
City of North Pocatello
No. 1790 N. Taft St.
Hospital Home

Registration District No. 28 File No. 76
Primary Registration District No. 2161 Registered No. 4202

FULL NAME OF CHILD Chloe Louisa Curtis
(Certificate of no value without full name of child.)

Sex of Child female | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of birth (Month) Jan (Day) 25 (Year) 1922

What bactericidal solution was used in eyes? Boracic Acid

Number of child of this mother, including present birth 12 Number of child of this mother now living, including present birth 10

FATHER

FULL NAME Hyrum Alma Curtis
RESIDENCE 1790 N. Taft
COLOR White AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Payson, Utah
OCCUPATION Car Inspector

MOTHER

FULL MAIDEN NAME Chloe Arinda Hancock
RESIDENCE 1790 N. Taft
COLOR White AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Cambridge, Idaho
OCCUPATION Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2:45 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird
Midwife
(Physician or midwife)

Address 413 So. 4th Ave.

Filed 2/1 1922 J. R. Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

437-125-003-666

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98157

RECEIVED FEB 8 - 1922 BUREAU OF VITAL STATISTICS

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. ..... File No. .....

Hospital Pocatello Gen'l

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Alan Woods McPherson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Jan (Day) 25 1922 (Year)
M		Yes	

What bactericidal solution was used in eyes? 20 % Argyrol Sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Alan Ramsey McPherson	FULL MAIDEN NAME	Lucy Smith Woods
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Montreal, Canada	BIRTHPLACE	Carlyle, Pa.
OCCUPATION	Mgr Smith Candy Co.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 4 PM M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello

Filed 2/1 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 23 19[illegible]9

DEC 10 1942

753-127-003-693

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 636-W Sherman St.

Hospital —

RECEIVED FEB 8 - 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98158

Registration District No. 28 File No. 86

Primary Registration District No. 2161 Registered No. 424

FULL NAME OF CHILD Palmer Charles Peterson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Jan. 27 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Palmer Peterson	FULL MAIDEN NAME	Nettie Williams
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Iowa	BIRTHPLACE	Wis
OCCUPATION	R. R. Car repairer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Shadden

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address 312 Carlson Bldg Pocatello

Registrar

Filed 2/1 1922 J. R. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1942

264-227-003-259

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 8 - 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98159

County of Bannock

City of Pocatello

No. 950 N Grant St.

Registration District No. 28 File No. 76

Hospital

Primary Registration District No. 2161 Registered No. 4205

FULL NAME OF CHILD Ruth Bourne
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
7		yes	1 27 1922

What bactericidal solution was used in eyes? agno 3 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Eugene F Bourne	FULL MAIDEN NAME	Ruth A. Bernard
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Washington
OCCUPATION	Carpenter	OCCUPATION	hof.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6.50 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Young
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello Idaho

Filed 2/7 1922 J R Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

125-127-083-691

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 98160

County of Bannock
City of Pocatello
No. 848 Washington Registration District No. 28 File No. 76
Hospital Primary Registration District No. 2161 Registered No. 4206

FULL NAME OF CHILD Kenyon Akers
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	1 27 1922

What bactericidal solution was used in eyes? Argos 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Wm Akers	FULL MAIDEN NAME	Martha Fraspre
RESIDENCE	Pocatello Ida.	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ky.	BIRTHPLACE	Ky.
OCCUPATION	Car Repairer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J. H. Young
(Physician or midwife)
Address Pocatello Ida.
Filed 2/1 1922 J. H. Young Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 16 1922
BUREAU OF VITAL STATISTICS

E OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, March 15 MAR 17 - 1922 192 2

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pocatello

Street: Washington

County: Bannock

File Number: 98160

Registration Dist. No.:

Date of Birth: January 27 1922

Sex of Child: ?

Father: William Akers (Full Name)

Mother: Martha Akers (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Thomas Akers
Child's Name in Full

Wm. Akers Martha Akers
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

814-228-413

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

98161

County of Bannock

City of McCammon

Registration District No. [illegible] 16

No. ..... St.

Primary Registration District No. 161 Registered No. 4287

Hospital .....

FULL NAME OF CHILD Miyo Yamada

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe.			yes	Jan 25 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Iseteno Yamada	Misako Machimoto
RESIDENCE	McCammon	McCammon
COLOR	Japanese	Japanese
AGE AT LAST BIRTHDAY	42 (Years)	24 (Years)
BIRTHPLACE	Japan	Japan
OCCUPATION	Proprietor of Cafe	Wife of Proprietor Cafe

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

1 photostatic copy 5-7-42

I hereby certify that I attended the birth of this child, who was ..... at 8 P M on the date above stated.

(Born alive [illegible])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Asha Lewis

[illegible] midwife)

Address McCammon Idaho

Given names added from a supplemental report.

..... 19.....

Filed 7/1 1922 J H Young Registrar

..... Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

MAY 1 1 1973

MAY 7 1942

464-229-003 551

PLACE OF BIRTH

[redacted]

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

RECEIVED
FEB 8 - 1922
BUREAU OF VITAL STATISTICS

98162

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 76

Hospital St Anthony

Primary Registration District No. 2[illegible] Registered No. 4208

FULL NAME OF CHILD Marcella Frances Rodemacher

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	Jan 29 1922

What bactericidal solution was used in eyes? 20 % Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Clarence Andrew Rodemacher	FULL MAIDEN NAME	Mary Leda Terry
RESIDENCE	Pocatello Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	St Clair, Mich	BIRTHPLACE	Kentucky
OCCUPATION	Machinist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 9 45 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Ray

(Physician ~~or midwife~~)

Address Pocatello Idaho

Filed 2/1 1922 J L Young Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC WELFARE

...TAL
...STICS

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pocatello

Street: 733 N. Harrison

County: Bannock

File Number: 98162

Registration Dist. No.:

Date of Birth: January 29 1922

Sex of Child: Female

Father: Clarence Andrew Rademacher (Full Name)

Mother: Mary Leda Terry (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Marcella Frances (Child's Name in Full)

Mrs Clarence Andrew Rademacher (Signature of Father or Mother)

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

168-230-003-613

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 8 - 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98163

County of Bannock
City of Pocatello
No. 628 W Benton St. Registration District No. 28 File No. 76
Hospital Primary Registration District No. 2161 Registered No. 4207

FULL NAME OF CHILD Virginia June Johnston
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	1/30 1922

What bactericidal solution was used in eyes? argyrol 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Thos E Johnston	FULL MAIDEN NAME	Myrtle Walden
RESIDENCE	Pocatello Ida	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Scotland	BIRTHPLACE	Germany
OCCUPATION	Tailor	OCCUPATION	housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive; at 6:10 a. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Young
(Physician or midwife)

Address Pocatello Ida

Filed 2/1 1922 J H Young
Registrar

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 3 1976

289 - 209 - 003 - 355

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

98164

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 437 E. Whitman Registration District No. 28 File No. 74

Hospital Primary Registration District No. 2/61 Registered No. 4210

FULL NAME OF CHILD Evelyn Elsie Byrd
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes.	Feb 9 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	William otto Byrd	FULL MAIDEN NAME	Mage Annie Leibert
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kentucky
OCCUPATION	Labor	OCCUPATION	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) **at** 5:30 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Newlon M.D.
(Physician or midwife)

Address Pocatello Ida

Filed 3/1 1922 J. H. Young
Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 9 1975

236-104
PLACE OF [redacted]
004-465

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98165

County of Bear Lake
City of St Charles
No. ..... St.
Registration District No. ..... File No. .....
Hospital ..... Primary Registration District No. 55 Registered No. .....

FULL NAME OF CHILD Dale Monson Stock
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	2-4-1922

What bactericidal solution was used in eyes? Argyrol Sol 10%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ruben Stock	FULL MAIDEN NAME	Nellie Monson
RESIDENCE	Fish Haven	RESIDENCE	Fish Haven
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Fish Haven	BIRTHPLACE	St Charles
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5:00 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R J Sutton
M D
(Physician or midwife)

Address Paris Ida

Filed Feb 11 1922 John Mattson
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

DEC 30 1948

469-183-204-875

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98166

RECEIVED FEB 11 1922

County of Bear Lake

City of Bloomington

No. ..... St. Registration District No. ..... File No. .....

Hospital ..... Primary Registration District No. 4-5 Registered No. .....

FULL NAME OF CHILD George Lehi Morrall

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
Male			Yes	2 - 3 - 1922

What bactericidal solution was used in eyes? Argyrol Sol 10 %

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Percy Morrall	FULL MAIDEN NAME Francis Esta Winton
RESIDENCE Bloomington	RESIDENCE Bloomington
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE England	BIRTHPLACE Bloomington
OCCUPATION Farmer	OCCUPATION House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. E. Sutton M.D.

(Physician or midwife)

Address Paris Ida

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Feb 11 1922 James Matteson Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 8 1942

386-115-004-718

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98167

County of Bear Lake

City of Bloomington

No. ..... St. Registration District No. ..... File No. .....

Hospital ..... Primary Registration District No. 5 X Registered No. .....

FULL NAME OF CHILD Rulon Elmer Thornock
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
Male			yes	1-15-192 2

What bactericidal solution was used in eyes? Argyrol Sol 10%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Donald A. Thornock	FULL MAIDEN NAME Lydia E. Payne
RESIDENCE Bloomington	RESIDENCE Bloomington
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Bloomington	BIRTHPLACE Bloomington
OCCUPATION Farmer	OCCUPATION House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 40 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sutton M.D.
(Physician or midwife)

Address Paris Ida

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed Feb 11 1922 John Matheson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

REASONS WHY A CERTIFICATE OF BIRTH S
AND THE SAME COMPLETED WI

- - - - - -

The name of your baby was not filled [illegible] to this office. It is of vital importance to have the full name included in the record. Kindly [illegible] information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Bloomington Idaho
- Street: .....
- County: Bear Lake

File Number: 98167

Registration Dist. No.: .....

Date of Birth: Jan. 15th 1922

Sex of Child: Male

Father: Donald Augustus Thornock
Full Name

Mother: Lydia Edith Payne
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Rulon Elmer Thornock
Child's Name in Full

Donald Augustus Thornock
Signature of Father or Mother

OVER

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

391-120-004-69S

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of St. Charles

No. ..... St.

Hospital .....

Registration District No. .....

File No. 98168

Primary Registration District No. 55

Registered No. .....

FULL NAME OF CHILD Lorraine A Transtrum

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 20 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chester Ola Transtrum	FULL MAIDEN NAME	Agnes Frances Findlay
RESIDENCE	St. Charles Idaho	RESIDENCE	St. Charles Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	~~Idaho~~ W Charles Id	BIRTHPLACE	~~Idaho~~ Fish Haven Id
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

(Signature) C. O. Moore M.D.

(Physician or midwife)

Address ~~[illegible]~~ Paris Id.

Filed Jan 25 1922 John Mattson
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

.....
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
AR 22 1922
EAU OF ... AL
...

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAR 7 - 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City St Charles; Street ..... ; County Bear Lake

File Number 98168

Registration Dist. No. .....

Sex of Child Male

Date of Birth Jan. 20th 1922

Father Chester O. Transtrum (Full Name)

Mother Agnes Frances Findlay Tra (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lorrain O Transtrum
Child's Name in Full

Agnes Transtrum
Signature of Father or Mother

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHIL

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child h been protected from danger of blindness and other infections at birt

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are c pelled to furnish certified copies of certificates of birth, it is portant that the certificates be filed with the BUREAU OF VITAL STA TICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

818-101-004-241

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Registration District No. 52

File No. 98170

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Glenn Raymond Hayes
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy.	11 (To be answered only in event of plural births)	yes	Feb. 1, 1922

What bactericidal solution was used in eyes? 5 o/o Argyrol

Number of child of this mother, including present birth 11 Number of child of this mother now living, including present birth 11

FATHER		MOTHER	
FULL NAME	Alma H. Hayes	FULL MAIDEN NAME	Lottie Smart
RESIDENCE	Georgetown	RESIDENCE	Georgetown
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Farmington	BIRTHPLACE	Smithfield
OCCUPATION	Farming	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley.
Physician
(Physician or midwife)

Address Montpelier Ida

Filed 2-27 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

234-225-004-365

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52 File No. 98171

No. ..... St. .....

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD Virginia Allen Sturman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Jan (Month) 25 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Earl William Sturman	FULL MAIDEN NAME	Ada E Conway
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Burlingame Kas	BIRTHPLACE	Lawrence Kas
OCCUPATION	Railroadman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. S. Nickles M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Montpelier Ida

Filed 2-27-1922

H. H. King
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

217-118-004-867

PLACE OF BIRTH

RECEIVED
MAR 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Registration District No. 52

File No. 98172

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Gerold Hawley Bagley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	2 (To be answered only in event of plural births)	Yes	Jan. 18, 1922

What bactericidal solution was used in eyes? 5% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER		MOTHER
FULL NAME	Hawley Bagley	FULL MAIDEN NAME	Adelila Hogensen
RESIDENCE	~~Montpelier~~ Green River	RESIDENCE	Green River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Montpelier	BIRTHPLACE	Montpelier
OCCUPATION	Accountant	OCCUPATION	House keeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 8 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E Hinckley
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Montpelier Ida

Filed 2-27 1922 H H King
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 0 1976

653-115-004-434

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St. ..... Registration District No. 52 ..... File No. 98173

Hospital ..... Primary Registration District No. 2136 ..... Registered No. .....

FULL NAME OF CHILD Leo Edgar Welker
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Jan 15 1922

What bactericidal solution was used in eyes? 10% Sol. Argyrol

Number of child of this mother, including present birth 2 ..... Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Alfred N. Welker	FULL MAIDEN NAME	Maude McDonald
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Signal Maintainer - OSL RR Co	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

Registrar.

Address Montpelier Idaho

Filed 2-27 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

REASON [illegible] A CERTIFICATE OF [illegible]
D [illegible] SAME COMPLET[illegible]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Montpelier

Street: .....

County: Bear Lake

File Number: 98173

Registration Dist. No. .....

Date of Birth: Jan 15 192 7

Sex of Child: Male

Father: Alfred Nelsen Welker (Full Name)

Mother: Agnes Maud McDonald (Full Maiden Name)

HEREBY CERTIFY that the child described herein has been named:

Lee Edgar Welker (Child's Name in Full)

Alfred N. Welker (Signature of Father or Mother)

OVER

Birth registration is part of every child's birthrig
It establishes legally the date of the child's birth
and legitimacy.

It enables the Public Health Nurse to make sure the
been protected from danger of blindness and other infection

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - -

1. The correct age for purposes of school attendance
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service me
pelled to furnish certified copies of certificates of birth
portant that the certificates be filed with the BUREAU OF V
TICS and the same completed by furnishing the name of the c

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHI

391-113-004-459

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bennington

No. ..... St.

Registration District No. 52 File No. 98174

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Harold B. Crane
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Jan 13 1922

What bactericidal solution was used in eyes? 10% Sol. Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Mahonri B. Crane	FULL MAIDEN NAME	Mabel Merrill
RESIDENCE	Bennington Ida	RESIDENCE	Bennington
COLOR	White AGE AT LAST BIRTHDAY 27 (Years)	COLOR	White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H Kling MD
(Physician or midwife)

Address Montpelier Ida

Filed 2-27-1922 H H Kling
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-216-004-719

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 6 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Registration District No. 52

File No. 98175

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Not Named Edna Davis

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	Jan 16 1922

What bactericidal solution was used in eyes? 10% Sol. Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Guy B. Davis	FULL MAIDEN NAME	Minnie Parker
RESIDENCE	Montpelier Ida	RESIDENCE	Montpelier Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Clerk.	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King Mad

(Physician or midwife)

Address Montpelier Ida

Filed 2-27 1922 H H King

Registrar.

Give names added from a supplemental report.

....., 19....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED MAR 11 BUREAU OF VITAL STATISTICS

DEPARTMENT OF PUBLIC WELFARE

MAR 7 - 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Montpelier Idaho.

Street: .....

County: Bear Lake, Co.

File Number: 98175

Registration Dist. No.: .....

Sex of Child: Female

Date of Birth: Jan. 16. 1922.

Father: Wm. Guy B. Davis (Full Name)

Mother: Minnie Davis, (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

.....

Child's Name in Full

Edana Davis

.....

Signature of Father or Mother

OVER

OCT 8 1955

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

645-214-004-295

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Registration District No. 52 File No. 98176

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Dorothy Tuellar
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Jan 14 1922

What bactericidal solution was used in eyes? 10% Sol Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Fred W. Tuellar	FULL MAIDEN NAME	Bertha Knutti
RESIDENCE	Montpelier Ida	RESIDENCE	Montpelier Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Switzerland	BIRTHPLACE	Idaho
OCCUPATION	Bricklayer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H Kerry MD
(Physician or midwife)

Address Montpelier Ida

Filed 2-27 1922 H H Kerry
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793-108-004-785

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier [illegible] Registration District No. 52

File No. 98177

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD Mike Gilligan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Jan 8 1922

FATHER		MOTHER	
FULL NAME	Jack Gilligan	FULL MAIDEN NAME	Stella M Phelps.
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	California	BIRTHPLACE	Salt Lake
OCCUPATION	Loco Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) A. S. Nudler M.D.

(Physician or midwife)

Address Montpelier Ida.

Filed 2-28-22 [illegible]

Registrar

OCT 15 1941

NOV 19 1943

331-224-004-397

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-37

County of Bear Lake

City of Georgetown

RECEIVED MAR 6 1922 BUREAU OF VITAL STATISTICS

Registration District No. 52

File No. 98179

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD Lorna Clark

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Jan. 24 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Homer Knowel Clark	FULL MAIDEN NAME	Percy Tippets
RESIDENCE	Georgetown Idaho	RESIDENCE	Georgetown Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Montpelier, Idaho	BIRTHPLACE	Georgetown, Idaho
OCCUPATION	School teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2d Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma W. Clark

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Georgetown, Idaho

Filed 2-27 19 22

..... Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

VED
1922
F VITAL
STICS

STATE OF IDA[illegible]
DEPARTMENT OF PUBLIC WE[illegible]
[illegible] 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Georgetown

Street: .....

County: Bear Lake

File Number: 98179

Registration Dist. No. .....

Date of Birth: Jan 24 1922

Sex of Child: Female

Father: Homer K. Clark (Full Name)

Mother: Percie Tippets Clark (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lorna Clark
Child's Name in Full

Homer Clark
Signature of Father or Mother

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

652 - 210-004 - 253

Amended 4-5-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 98183
Local Reg. No.
Reg. Dist. No. 52

1. PLACE OF BIRTH
a. COUNTY: Bear Lake
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Georgetown
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Soda Springs
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Ann
b. (Middle):
c. (Last): Webb

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Feb. 10, 1922

FATHER OF CHILD

7. FULL NAME
a. (First): Wilford
b. (Middle): LeRoy
c. (Last): Webb

8. AGE (At time of this birth): 29 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Riverton, Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Birdie
b. (Middle): May
c. (Last): Beckstead

13. AGE (At time of this birth): 24 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): South Jordan, Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Emma W. Clark

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Georgetown, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 2-27-1922

22. REGISTRAR'S SIGNATURE: H.H. King

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

LACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
ne district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 22 1967
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 98183

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ann Webb (Name on Original Certificate) who was born (Was Born or Died) on Feb. 10, 1922 (Date of Event)
in Georgetown, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Maiden Name of Mother	Birdie Mae Beckstrom	Birdie May Beckstead

Subscribed and sworn to before me this 20th day of March, 1967

Mildred Pugsley

Notary Public, residing at Salt Lake City

My commission expires 6-20-1969

(Seal)

Signed Birdie May Beckstead Webb
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

7672 So. 1700 West West Jordan, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of March, 1967

Mildred Pugsley

Notary Public, residing at Salt Lake City

My commission expires 6-20-1969

(Seal)

Signed Willard LeRoy Webb
(Signature of Any Credible Person)

7672 So. 1700 W West Jordan Utah
(Street Address, City, State)

FORM DH 60-155 GL 3-13-67. one copy pd.

L.D.S. Church Cert. of Birth, entered on record June 2, 1897 gives full name as Birdie May Beckstead, born March 13, 1897 at South Jordan, Utah to Henry W. Beckstead and Mary A. Beckstead - viewed by V.S.

State of Utah, Marriage Certificate, married September 29, 1915 gives full name of groom as Wilford L. Webb and full maiden name of bride as Birdie M. Beckstead - viewed by V.S. married at Salt Lake City, Utah

Patriarch Blessing, June 30, 1947 by James Alphonzo Bateman gives full name of child as Ann "Webb" Mabey (Mabey is married name), born Feb. 10, 1922 at Georgetown Idaho to Wilford LeRoy Webb and Birdie May Beckstead Webb - viewed by V.S.

819-111-004-295

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52 File No. 98184

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD Thomas William Hartman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Feb (Month) 11 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Thomas Edwin Hartman	FULL MAIDEN NAME	Ester Brennan
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Montpelier	BIRTHPLACE	Montpelier
OCCUPATION	Merchant.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 855 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. S. Niedles M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Montpelier Ida

Filed 2-27- 19 22 H H Kerr
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 28, 1941. C.W.

542-112-004-154

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Registration District No. 52 File No. 98185

Hospital .....

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD James H. Nussbaum
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes.	Feb 12 1922

What bactericidal solution was used in eyes? 10% Sol Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	John Nussbaum	FULL MAIDEN NAME	Emilie Enderegg
RESIDENCE	Montpelier Ida	RESIDENCE	Montpelier Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	R. R. Fireman	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 a M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King MD

(Physician or ~~midwife~~)

Address Montpelier Idaho

Filed 2-27 1922 H H King Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

269-219-004-386

PLACE OF BIRTH

RECEIVED MAR 6 1922 ... OF VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Registration District No. 52 File No. 98186

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Helen May Sorg
(Certificate of no value without full name of child.)

Sex of Child Girl | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Feb 19 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 5% argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Carl Sorg	FULL MAIDEN NAME	Nora Thompson
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Des Moines	BIRTHPLACE	Arkansas
OCCUPATION	R.R. Section	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 7 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley
Physician
(Physician or midwife)

Address Montpelier Ida.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed 2-27 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

513-111-004-271

PLACE OF BIRTH

RECEIVED MAR 6 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Dingle

No. ..... St.

Hospital .....

Registration District No. 52 File No. 98187

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Stanley Nate.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	2/11/1922

What bacteriolidal solution was used in eyes? 5 % Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Cornell Nate	FULL MAIDEN NAME	Alice Sparks
RESIDENCE	Dingle	RESIDENCE	Dingle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Dingle	BIRTHPLACE	Dingle
OCCUPATION	Farming	OCCUPATION	Housekeeping

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley

Physician

(Physician or midwife)

Address Montpelier Ida

Filed 2-27-1922 W. H. Rees
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

168-220-004-396

PLACE OF BIRTH

County of Bear Lake

City of Nounan

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 57 File No. 98188

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Mildred Ruth Johnson
(Certificate of no value without full name of child.)

Sex of Child Girl | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Feb 20 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 5% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Joseph Johnson	FULL MAIDEN NAME	Connilla Crosby
RESIDENCE	Nounan	RESIDENCE	Nounan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ovid	BIRTHPLACE	Nounan
OCCUPATION	Farming	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 4:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley
Physician
(Physician or midwife)

Address Montpelier

Filed 2-27-1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RAL REASONS WHY A CERTIFICATE
H CHILD AND THE SAME COMPLE

BUREAU OF VITAL STATISTICS.

Place of Birth
City Ovunan, Idaho.
Street
County Bear Lake

File Number 98188

Registration Dist. No.

Sex of Child Girl,

Date of Birth Feb. 20 1922

Father Joseph Johnson
Full Name

Mother Camilla Crossley
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Mildred Ruth Johnson
Child's Name in Full

Joseph Johnson
Signature of Father or Mother

OVER

legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
0. Just at this time while many of the Ex-Service men are com- to furnish certified copies of certificates of birth, it is im- that the certificates be filed with the BUREAU OF VITAL STATIS- the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

469-229-004-255

PLACE OF BIRTH

RECEIVED FEB 1 1922 VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

98189

County of Bear Lake

City of Liberty

Registration District No. 53

File No. 68

No. ____ St.

Primary Registration District No. ____

Registered No. ____

Hospital ____

FULL NAME OF CHILD Etta Morgan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Jan 29 1922

FATHER		MOTHER	
FULL NAME	Hugh Morgan	FULL MAIDEN NAME	Edna Pugmire Keetch
RESIDENCE	Liberty Idaho	RESIDENCE	Liberty, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____

Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 55 P. M. on the date above stated.

(Signature) C. O. Moore M. D.

(Physician or midwife)

Address Paris Idaho

Filed Feb 1 1922 Mrs. J. S. Skinner Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

K

RECEIVED
MAR 25 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Liberty, Idaho.

Street: .....

County: Bear Lake

File Number: 98189

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: January 29, 1922.

Father: Hugh Morgan (Full Name)

Mother: Edna Pugmire Veatch (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Etta Morgan
Child's Name in Full

Mrs. Hugh Morgan
Signature of Father or Mother

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

613-227-005-962

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 21 1922
BUREAU OF VITAL STATISTICS

County of Bonneval

City of St. Maries

No. ..... St.

Registration District No. 32 File No. 98190

Hospital ..... Primary Registration District No. 2049 Registered No. 6

FULL NAME OF CHILD Alice Ida Walters

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	2	yes	1 17 192 2

What bacterioidal solution was used in eyes? Protargol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Walters	Mabel Robertson
RESIDENCE	St Maries Ida	St Maries Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	18
BIRTHPLACE		Springfield Ore
OCCUPATION	Cooper	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6 9 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A D Hall

Physician
(Physician or midwife)

Address St Maries Ida

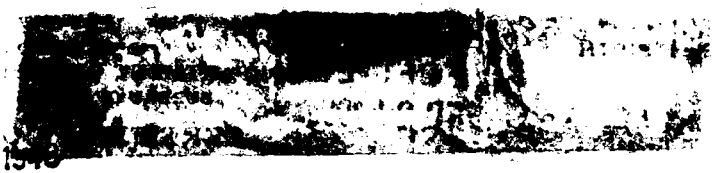
Filed Feb 7 1922 H E Hunt
Registrar.

Give names added from a supplemental report.

..... 192.....

.....
Registrar.

WRITE PLAINLY WITH INDELIBLE PENCIL OR FOUNTAIN PEN USING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MAR 1 9 19

314-124-005-168

Amended 11-8-61

Federal Security Agency
United States Public Health Service

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 98191
Local Reg. No. 5
Reg. Dist. No. 32

1. PLACE OF BIRTH

a. COUNTY: Benewah

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Benewah

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): John

b. (Middle): Emert

c. (Last): Lamon

4. SEX: M.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) 1 - (Day) 24 - (Year) 1922

FATHER OF CHILD

7. FULL NAME

a. (First): Ed

b. (Middle):

c. (Last): Lamon

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 32 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Norway

11a. USUAL OCCUPATION: Sawmill Worker

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Elizabeth

b. (Middle):

c. (Last): Johnson

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Minn.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: O. D. Platt

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: St. Maries, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Feb. 7, 1922

20. REGISTRAR'S SIGNATURE: H.E. Hunt

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this ar with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of b Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of WASHINGTON } ss.
County of Spokane }

Certificate No. 98191

Date Filed Fe. 7, 1922

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for JOHN EMERT LAMON (Name on Original Certificate) who was born (Was Born or Died) on Jan. 24, 1922 (Date of Event)

in Saint Maries, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by cert. of citizenship (Bible Record, Insurance Policy, Etc.) prepared on Jan. 30, 1937 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of father	Emert Lamon	Ed Lamon

Subscribed and sworn to before me this 30 day of October, 19 61

Notary Public, residing at Spokane, Wash.

My commission expires Nov. 3, 1963

(Seal)

Signed Ed Lamon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 3 Newport, Washington.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of October, 19 61

Notary Public, residing at Spokane, Washington

My commission expires Nov. 3, 1963

(Seal)

Signed R. G. Lamon
(Signature of Any Credible Person)

Route 1, Mead, Washington.
(Street Address, City, State)

FORM DH 60-155

Quarterly Working Card, Acc. No. 872, Carpenter's Local Union No. 98, issued for months of Jan., Feb., & Mar., 1951 - gives full name as Ed Lamon, card has been signed by C.W. Lewis, secretary - viewed by V.S.

The Potomac Insurance Company, Standard Automobile Policy, 3-15-43, Spokane, Washington, No. P 851955 gives full name as Ed Lamon - viewed by V.S.

431-110-005-493

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benevrah

City of St Maries

No. 11th + College St.

Hospital St. Maries

Registration District No. 32

File No. 98192

Primary Registration District No. 2049

Registered No. 4

FULL NAME OF CHILD Earl Patrick McAvoy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	1 (Month) - 10 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Earl Francis McAvoy	FULL MAIDEN NAME	Jewel Florence Mitchell
RESIDENCE	Worley Ida	RESIDENCE	Worley Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Colorado
OCCUPATION	Grain dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn), at 3 10 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Elonwall

Phy

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Registrar

Address St Maries

Filed Feb. 1 1922

H Ellmund

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-207-005-212

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benevrah

City of St. Maries

No. 11th College St.

Hospital St Maries

Registration District No. 32 File No. 98193

Primary Registration District No. 2049 Registered No. 3

FULL NAME OF CHILD Merry Ellen Harter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	1 (Month) - 7 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Geo. Everett Harter	FULL MAIDEN NAME	Merry Cruise Baskerville
RESIDENCE	Plummer Ida.	RESIDENCE	Plummer Idaho
COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Delevrare Co Iowa.
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 50 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C A Robins

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address [illegible]

Filed Feb. 1 1922 H E Hunt Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

542

415-224-005-296

PLACE OF BIRTH

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

Registration District No. 32

File No. 98195

No. ____ St.

Primary Registration District No. 2049

Registered No. 1

Hospital ____

FULL NAME OF CHILD Charlotta Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes.	Jan. 24 (Month) (Day) 1922 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry W Davis	Lola Maude Brown
RESIDENCE	St Maries	St Maries
COLOR	White	White
AGE AT LAST BIRTHDAY	44 (Years)	33 (Years)
BIRTHPLACE	Oregon	Oregon
OCCUPATION	Mill Man	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 P. M., on the date above stated.

(Signature) C B Smith MD

(Physician or midwife)

Address St Maries

Filed Jan 25 1922 H E Elbert

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-223-005-845

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98196

County of Bannock

City of LeSmet Registration District No. 31 File No.

No. St.

Hospital Mission C.H.A. Primary Registration District No. Registered No. 6

FULL NAME OF CHILD Ila Margarette Stocking

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Jan 23 1922

	FATHER	MOTHER
FULL NAME	Henry Ivan Stocking	Flonnie M. Huntley
RESIDENCE	LeSmet.	LeSmet.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	28	20
BIRTHPLACE	Utah.	Mont.
OCCUPATION	Tractor Engr.	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred Bartram

M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Jan 26 1922

J. E. Bihan
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK. USE "X" FOR ELIMINATE RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-123-005-955

PLACE OF BIRTH

RECEIVED
MAR 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St. Maries

No. 11th + College St.

Registration District No. 32 File No. 98197

Hospital St. Maries Primary Registration District No. 2049 Registered No. 17

FULL NAME OF CHILD Alonzo Harmon Stafford
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	2/23 1922

What bactericidal solution was used in eyes? Argyrol 1 o/o

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Benj. Stafford.	FULL MAIDEN NAME	Nellie May Penfro
RESIDENCE	Santa Ida	RESIDENCE	Santa, Ida
COLOR	White AGE AT LAST BIRTHDAY 27 (Years)	COLOR	White AGE AT LAST BIRTHDAY 22. (Years)
BIRTHPLACE	Tennessee.	BIRTHPLACE	Moscow, Ida
OCCUPATION	Logging	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7.50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address St. Maries Idaho

Filed Mar 3 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-221-005-319

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benevrah

City of St. Maries

No. 11th + College St.

Registration District No. 32

File No. 98198

Hospital St. Maries

Primary Registration District No. 2049

Registered No. 16

FULL NAME OF CHILD Lorraine Alma Larson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	2-21-1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Lewis Olai Larson	FULL MAIDEN NAME	Clara Matilda Larson
RESIDENCE	Sanders Ida	RESIDENCE	Sanders Ida
COLOR	W. AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Washington
OCCUPATION	Logging	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 40 a — M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address St. Maries Idaho

Filed Mar 3 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 6 1968

JUL 2 4 1942

JUL 2 7 1942

764-121-005-534

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAR 6 1922
BUREAU OF VITAL STATISTICS

County of Benewah
City of St. Maries
No. 11th + College
Registration District No. 32
File No. 98199
Hospital St. Maries
Primary Registration District No. 2049
Registered No. 15

FULL NAME OF CHILD Gene Delas Powers.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.				Yes	2 - 21 1922

What bacteriocidal solution was used in eyes? Argyrol 1 10%.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Nell Titus Powers	Naomi Sally Elder.
RESIDENCE	St. Maries Ida.	St. Maries Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	27	23
BIRTHPLACE	Michigan	Perry, Iowa.
OCCUPATION	Millhand. Setter	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6.40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Townsville

Physician.
(Physician or midwife)

Address St. Maries Idaho

Filed Mar. 3 1922 H. Eakins
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1922-176687

553-118-005-296

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Joe

Registration District No. 32 File No. 98200

No. ____ St.

Primary Registration District No. 2049 Registered No. 14

Hospital ____

FULL NAME OF CHILD Farrest Stanley Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Feb 18 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Christy Nelson	Jane Brockway
RESIDENCE	St Joe	St Joe
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	37	29
BIRTHPLACE	Copenhagen Den.	Clayton Idaho
OCCUPATION	Sta. Engineer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

(Signature) C B Smith M.D.

Physician (Physician or midwife)

Address St Maries

Filed Mar 2 1922 A E Hunt Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

251-115-005-756

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Benewah

City of Fernwood

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 98201

No. ..... St. .....

Primary Registration District No. 2049 Registered No. 19

Hospital .....

FULL NAME OF CHILD Ned Arthur Seaman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Feb 15 1922

FATHER		MOTHER	
FULL NAME	Richard M. Seaman	FULL MAIDEN NAME	Mabel George
RESIDENCE	Fernwood	RESIDENCE	Fernwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Walla Walla Wash.	BIRTHPLACE	Elkhart Ind.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P. M. on the date above stated.

(Signature) C B Smith M.D.

Physician

(Physician or midwife)

Address St Maries

Filed Mar. 2 1922 H E Hugh
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

849-221-005-266

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AMENDED 4/24/46

County of Benewah
City of St. Maries
No. ____ St.
Hospital ____

Registration District No. 32 File No. 98202
Primary Registration District No. 2049 Registered No. 12

FULL NAME OF CHILD Betty Marie Hudgens
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			4	Yes	Feb. 21 1922

What bactericidal solution was used in eyes? Prolargol Sol.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	John Hudgens	FULL MAIDEN NAME	Lona Sowell
RESIDENCE	St.Maries, Ida.	RESIDENCE	St.Maries, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Texas
OCCUPATION	Stationary Fireman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192....

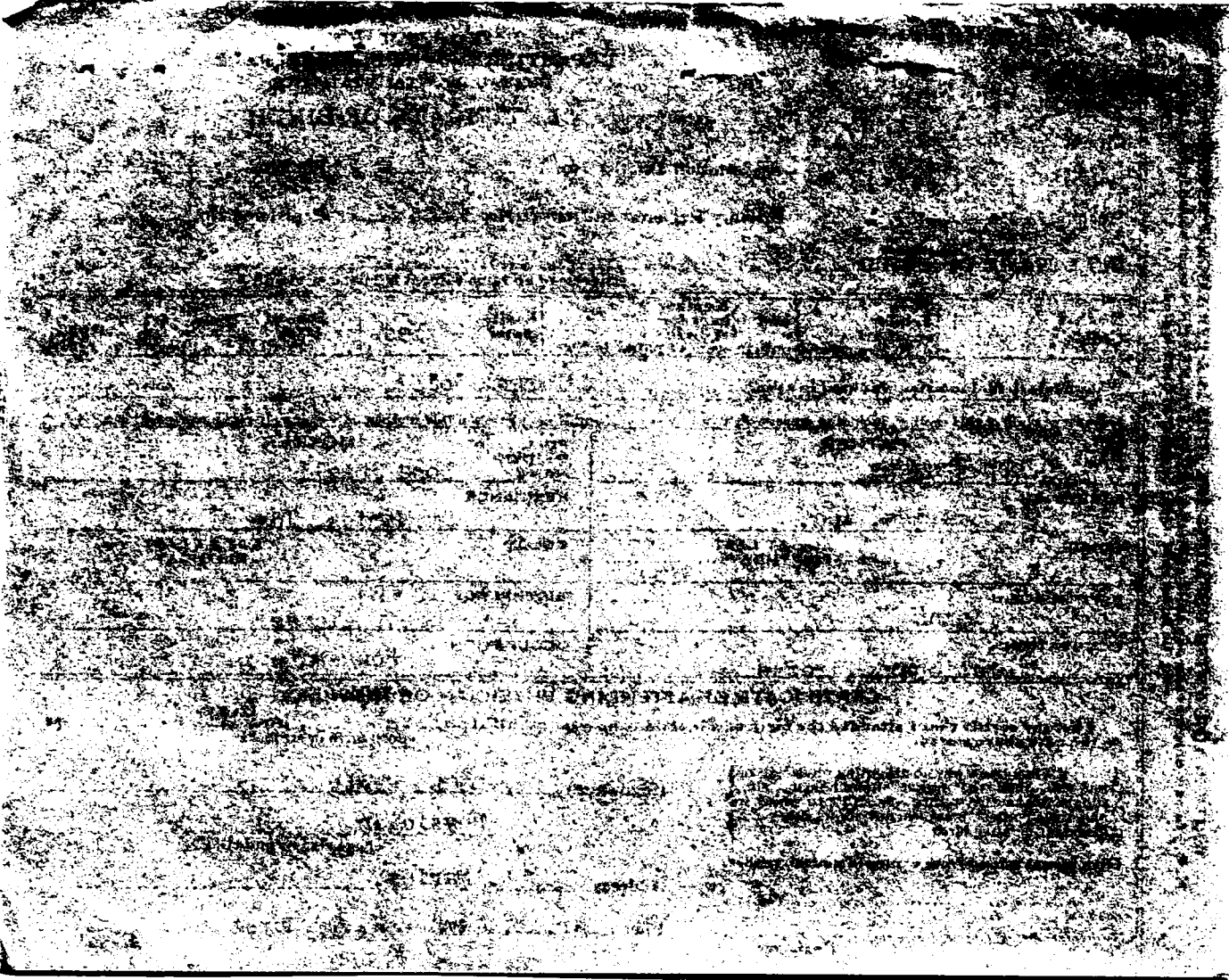
..... Registrar.

(Signature) O. D. Platt
Physician
(Physician or midwife)

Address St. Maries,

Filed Mar. 1, 1922 H. E. Hurst
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Arizona
County of Maricopa } ss.

Certificate No. 98202

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Johnny Mae Hudgens (Name on Original Certificate) who was Born (Was Born or Died) on Feb. 21 (Date of Event)
in St. Maries (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by American National Insurance (Bible Record, Insurance Policy, Etc.) prepared on Nov. 1941 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Johnny Mae Hudgens	Betty Marie Hudgens

Subscribed and sworn to before me this 18th day of April 1946

Cecil Trim
Notary Public, residing at Phoenix Ariz.
My commission expires Jan 29 1950
(Seal)

Signed Mrs Lorna Hudgens
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1010 East Filmore Phoenix Ariz
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona
County of Maricopa } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of April, 1946

Cecil Trim
Notary Public, residing at Phoenix Arizona
My commission expires Jan 29 1950
(Seal)

Signed Roselle Lambert
(Signature of Any Credible Person)
R.R. 5 Box 81 Phoenix Ariz.
(Street Address, City, State)

JAN 10 1955

NOV 25 1960

296-216-005-964

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAR 0 1922 BUREAU OF VITAL STATISTICS

County of Benewah

City of St Maries

No. ..... St.

Hospital .....

Registration District No. 32 File No. 98203

Primary Registration District No. 2049 Registered No. 11

FULL NAME OF CHILD Opal Brown
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—		2	yes	2 / 6 / 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Protargol Sol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ole Brown	FULL MAIDEN NAME	Rose A. Rodland
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Norway	BIRTHPLACE	No. Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. D. Platt

Phy
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address St Maries

Filed Mar. 1 1922 H E Hunt
Registrar.

533-113-005-386

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Benewah

City of Fernwood

RECEIVED MAR 6 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98204

No. ..... St. Registration District No. 32 File No. .....

Hospital ..... Primary Registration District No. 2049 Registered No. 10

FULL NAME OF CHILD Frank Milo Ellis

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		2	yes	2 / 3 / 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Protargue Sol.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Samuel C. Ellis	FULL MAIDEN NAME	Alphonsine M. Charbonneau
RESIDENCE	Fernwood Ida	RESIDENCE	Fernwood Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Wis	BIRTHPLACE	Canada
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O D Platt

Phy
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address St Maries

Filed Mar. 1 1922 H E Hunt
Registrar.

MAR 10 1950
1950

249-225
005-817

PLACE OF BIRTH

Form No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98206

County of Bonneville

City of St Maries

RECEIVED
MAR 8 1932
BUREAU OF VITAL STATISTICS

Registration District No. 2 File No.

No. St.

Primary Registration District No. 2049 Registered No. 8

Hospital

FULL NAME OF CHILD MAE LULA Burroughs

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Jan 25 1922

FATHER		MOTHER	
FULL NAME	Geo Burroughs	FULL MAIDEN NAME	Gina Hagen
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Danville Ill	BIRTHPLACE	Bayden, Minn.
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12.15 AM. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C B Smith MD

Physician
(Physician or midwife)

Address St Maries

Given names added from a supplemental report.

19

Registrar

Filed Feb. 11 1932 H E Hunt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Spokane } ss.

Certificate No. 98206

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or ~~Death~~)
for Lenore Lula Burroughs (Name on Original Certificate) who born (Was Born or ~~Died~~) on Jan. 25th 1922 (Date of Event)
in St. Marys, Ida., (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Adoption Papers (Bible Record, Insurance Policy, Etc.) prepared on Sept. 29 1929 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Lenore Lula Burroughs	Mae M Lula Birson
birthdate	January 25, 1922	

Subscribed and sworn to before me this 12th
day of May, 19 42

Notary Public, residing at Spokane Wn.

My commission expires Nov 4, 1944
(Seal)

Signed Roseana L. Birson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 18 1942

MAY 21 [illegible]

213-201-005-769

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAR 6 1922
BUREAU OF VITAL STATISTICS

County of Bonneville

City of St Maries

Registration District No. 32

File No. 98207

No. ..... St.

Primary Registration District No. 2049

Registered No. 7

Hospital .....

FULL NAME OF CHILD Louis Emma Kalb

Sex of Child Female | Twin Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth Jan 1 (Month) (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME William F. Kalb	FULL MAIDEN NAME Marcella A. Porier
RESIDENCE St Maries	RESIDENCE St Maries
COLOR White	AGE AT LAST BIRTHDAY 27 (Years)
COLOR White	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Idaho	BIRTHPLACE France
OCCUPATION Garage man	OCCUPATION Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated., at 4 P. M.

(Signature) D Cornwall

(Physician or midwife)

Address St Maries Idaho

Filed Feb. 24. 1922 H Eastman

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 23 1975

MAY 22 1942

childs name amend 12-9-83 (Be sure the information is complete and accurate)

Rec'd Feb 21, 1922 dl

85/-202-006-857

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 98208
Local Reg. No. 684
Reg. Dist. No. 116

1. PLACE OF BIRTH

a. COUNTY: Bingham

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Sterling

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bingham

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Sterling

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Agnes b. (Middle): Genevieve c. (Last): Heaney

4. SEX: female

5a. THIS BIRTH — SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Jan 2, 1922

FATHER OF CHILD

7. FULL NAME a. (First): Patrick b. (Middle): c. (Last): Heaney

8. AGE (At time of this birth): 39 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Newfoundland

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Agnes b. (Middle): c. (Last): Hanly

13. AGE (At time of this birth): 37 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Michigan

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 4

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: M.C. McKinnon, M.D.

19. ADDRESS: Aberdeen, Idaho

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Jan 2, 1922

22. REGISTRAR'S SIGNATURE: M.C. McKinnon

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

N OF VITAL STATISTICS, BOISE, IDAHO.

11-17-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 98208
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Katherine Louise Heaney (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan 2, 1922 (Date of Event)

in Sterling (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Katherine Louise Heaney	Agnes Genevieve Heaney

Subscribed and sworn to before me this 30th day of November, 1983

Notary Public, Deborah L. Carlson
Residing at Dickinson
My commission expires 4-17-87
(Seal)

DEBORAH L. CARLSON
NOTARY PUBLIC-OREGON
My Commission Expires 4-17-87

"Yarco"
Agnes Genevieve Heaney
Signature of Applicant
5115 S.E. 37th Portland, Ore.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Jackson

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of November, 1983

Notary Public, Deborah L. Carlson
Residing at Dickinson
My commission expires 4-17-87
(Seal)

DEBORAH L. CARLSON
NOTARY PUBLIC-OREGON
My Commission Expires 4-17-87

Sam J. Heaney
Supporting Signature
1833 Archer Drive, Medford, Ore.
Street Address, City, State

rcc credit

Certificate of Baptism from Church of Blessed Sacrament Mission in Montpelier, Idaho lists Agnes Genevieve Heaney child of Patrick Heaney and Agnes Heaney born Jan 2, 1922 was baptised Aug 20, 1922. Viewed by V.S.

DEC 9 1983

Public school Diploma gives Agnes Genevieve Heaney completed course of study and received diploma on May 17, 1935. Viewed by V.S.

618-104-006-632

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 98209

County of Bingham

City of Aberdeen

No. ..... St.

Registration District No. 116 File No. 13

Hospital ..... Primary Registration District No. 2195 Registered No. 685

FULL NAME OF CHILD Grant Howard Wahlen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	7 00	Jan. 4 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Arvid Wahlen	FULL MAIDEN NAME	Agusta Olson
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Sweeden	BIRTHPLACE	Sweeden
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 10 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McKinnon, M.D.

Physician
(Physician or midwife)

Address Aberdeen Ida

Filed Jan 4 1922 McMcKinnon
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 10 192
BUREAU OF VITAL STATISTICS

DEPARTMENT OF PUBLIC WELFARE

MAR 7 - 1922

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Aberdeen

Street: .....

County: Bingham

File Number: 98209

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: January 4th 1922

Father: Arvid Wahlen (Full Name)

Mother: Augusta Olsan (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Grant Howard Wahlen (Child's Name in Full)

Arvid Wahlen (Signature of Father ~~or Mother~~)

OVER

MAR

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

895-209-006-789

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98210

County of Bingham

City of Aberdeen

No. ..... St. ..... Registration District No. 116 File No. 3

Hospital ..... Primary Registration District No. 2155 Registered No. 686

FULL NAME OF CHILD Dora Ellen Hines

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Jan 9 1922

What bacteriedal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Walter Abraham Hines	FULL MAIDEN NAME	Clara Valeta Phillips
RESIDENCE	Boise Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	15 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Homemaker

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.

Physician
(Physician or midwife)

Address Aberdeen Ida

Filed Jan 5 1922 M. C. MacKinnon
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

764-218-006-962

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 9 1922

CERTIFICATE OF BIRTH

98211

County of Bingham

City of Sterling

No. ..... St.

Registration District No. 116

File No. 5

Hospital .....

Primary Registration District No. 2125

Registered No. 687

FULL NAME OF CHILD Barbara Gleone Gough

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Jan 18 1922

What bactericidal solution was used in eyes? Argyrol Boric

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	John Cyrus Gough	FULL MAIDEN NAME	Melinda Robinson
RESIDENCE	Sterling Ida	RESIDENCE	Sterling Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. MacKinnon M. D.

Physician

(Physician or midwife)

Address Aberdeen Ida

Filed Jan 18 1922 W. C. MacKinnon

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-220-006-414

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

38212

County of Bingham

City of Aberdeen

No. ..... St. ..... Registration District No. 116 File No. .....

Hospital ..... Primary Registration District No. 2195 Registered No. 688

FULL NAME OF CHILD Alice Charlene Benham
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Jan 20 1922

What bacteriedal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Earl Winfield Benham	FULL MAIDEN NAME	Elizabeth Magdalene Mann
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 N. A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. C. MacKinnon M.D.
(Physician or midwife)

Address Aberdeen Ida

Filed Jan 30 1922 Mena Kinnon
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 13 1970

OCT 7 1942

695-126-806-255

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98213

County of Bingham

City of Aberdeen

No. ..... St.

Registration District No. 116

File No. .....

Hospital .....

Primary Registration District No. 2155

Registered No. 689

FULL NAME OF CHILD Emanuel Jacob Frey
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan 21 1922

What bactericidal solution was used in eyes? 1% Solution Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Christian Frey	FULL MAIDEN NAME	Matilda Seefried
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	Russia
OCCUPATION	Farm Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. MacKinnon M.D.

Physician
(Physician or midwife)

Address Aberdeen Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Jan 21 1922 W. C. MacKinnon
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAR 7 - 1922

Boise, Idaho, ... 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
City ... Aberdeen Idaho
Street .....
County ... Bigheem

File Number ... 98213

Registration Dist. No. ... 116

Sex of Child ... Male

Date of Birth ... 21 of Feb 1922

Father ... Christian Frey
Full Name

Mother ... Mathilda Seefried
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

... Emanuel Jackob Frey
Child's Name in Full

... Christian Frey
Signature of Father or Mother

Emanuel Jacob Frey

MAR 5 1960

NOV 2 1961

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

437-224-006-SSS

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 98214

County of Bingham

City of Aberdeen

No. ____ St. Registration District No. 116 File No. 13

Hospital ____ Primary Registration District No. 2155 Registered No. 690

FULL NAME OF CHILD Odette McCahey
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and	—	yes	Jan 24 192 2

What bacteriocidal solution was used in eyes? None

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Jackson Bruna McCahey	FULL MAIDEN NAME	Mary Neville
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housemaid

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McFarren M D
Physician
(Physician or midwife)

Address Aberdeen Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Jan 24 192 2 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-227-006-815

PLACE OF BIRTH

RECEIVED FEB 21 1992

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98215

County of Bingham

City of Abeldeen

No. ____ St.

Hospital ____

Registration District No. 116

Primary Registration District No. 2185

File No. 3

Registered No. 691

FULL NAME OF CHILD Mary Pearl Wood

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Jan 27 1922

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Elmo Mosiah Wood	FULL MAIDEN NAME	Wealthy Sophia Hansen
RESIDENCE	Aberdeen Ida	RESIDENCE	Abeldeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ____ A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.

Physician

(Physician or midwife)

Address Aberdeen Ida

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed Jan 27 1922 M. MacKinnon

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 1944

365-128-006-393

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98216

County of Bingham

City of Aberdeen

No. ..... St.

Registration District No. 116 File No. 3

Hospital ..... Primary Registration District No. 2195 Registered No. 692

FULL NAME OF CHILD Gordon Robert Toevs

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Jan 28 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	John Edward Toevs	FULL MAIDEN NAME	Nellie Lichtenheld
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 10 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. McKinnon M.D.

Physician

(Physician or midwife)

Address Aberdeen Ida

Give names added from a supplemental report.

....., 19.....

Filed Jan 28 1922 McKinnon

Registrar.

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 27 1942

331-207-006-914

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—[illegible]-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

98218

County of Bingham

City of Blackfoot

Registration District No. 121 File No.

No. N. Univ. St.

Primary Registration District No. 1007 Registered No. 34

Hospital

FULL NAME OF CHILD Lydia Louise Clark

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan 7 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Allen Clark	FULL MAIDEN NAME	Lydia Radu
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	New Zealand	BIRTHPLACE	Minn
OCCUPATION	Policeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 40 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot Idaho

Registrar

Filed Feb 4 1922 Wm Walter E. Patrie

Registrar

FEB 25 1943

386-220-006-353

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED FEB 21 192[illegible] BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-O—2[illegible]-8-17

98219

County of Bingham

City of E Thomas Pres

Registration District No. 121

File No.

No. ..... St.

Primary Registration District No. 2194

Registered No. 35

Hospital

FULL NAME OF CHILD Vloise Thomas

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Jan 20 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Henry Thomas	FULL MAIDEN NAME	Martha Felsted
RESIDENCE	Blackfoot Idaho Route 2	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Cal	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot Idaho

Registrar

Filed Feb 4 1922 Wm Walter E Patrie

Registrar

313-227-006-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 607 Univ. N. St.

Hospital

RECEIVED FEB 21 19 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 File No. 98220

Primary Registration District No. 1007 Registered No. 36

FULL NAME OF CHILD Ada Opal Latham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan 27 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Archibald W Latham	FULL MAIDEN NAME	Selma Johnson
RESIDENCE	Blackfoot Idaho	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	So Dak
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address Blackfoot Idaho

Registrar

Filed Feb 4 1922 Mrs Walter E. Patrie
Registrar

713-130-006395

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Thomas

No. ..... St.

Hospital .....

RECEIVED FEB 21 19[illegible]

BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-17

Registration District No. 121

Primary Registration District No. 2194

98221

File No. .....

Registered No. 37

FULL NAME OF CHILD Joseph William Palmer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	June 30 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Martin Palmer	Marion C. Livingstone
RESIDENCE	Blackfoot Ida Route 2	Do
COLOR	White	White
AGE AT LAST BIRTHDAY	27 (Years)	22 (Years)
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. at 2:07 P.M.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Fabrie M.D.

(Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed July 11 1922

Mrs. Walter E. Fabrie
Registrar

APR 30 1948

315-221-006-243

PLACE OF BIRTH

Amended 10/26/77

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98226

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Bingham

City of Blackfoot

No. Ward H / St.

Hospital

Registration District No. 121

Primary Registration District No. 1007

File No.

Registered No. 42

FULL NAME OF CHILD Dr Etha Glenell Farmer

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan 21 1922

What bacteriocidal solution was used in eyes? yes

Number of child of this mother, including present birth

Number of child of this mother now living, including present birth

FATHER	MOTHER
FULL NAME Owen L. Farmer	FULL MAIDEN NAME Caroline Bytheart
RESIDENCE Blackfoot, Idaho #3	RESIDENCE Blackfoot, Idaho #3
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 46 (Years)	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.10 M. on the date above stated.

(Signature) F. M. Mitchell M.D

(Physician or midwife)

Address Blackfoot, Idaho

Filed Feb 4 1922 Mrs Thelma E. Patrick

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JUL 12 10 45 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bingham }

Certificate No. 98226

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Delpha Glenel Tanner (Name on Original Certificate) who was born (Was Born or Died) on Jan 1, 1922 (Date of Event) in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
birthdate	Jan 1, 1922	Jan 21, 1922
child's name	Delpha Glenel Tanner	Deltha Glenell Tanner
mother's maiden name	Caroline Butcane	Caroline Buttcane

Subscribed and sworn to before me this 22nd day of June 1977

Signed Letha H. Carlson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Blackfoot Idaho

My commission expires Lifetime
(Seal)

Rte #1 Box 218 Blackfoot, Idaho 83221
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of June 1977

Signed Earl M Tanner
(Signature of Any Credible Person)

Notary Public, residing at Blackfoot, Idaho

My commission expires My Commission Expires May 1, 1980
(Seal)

221 Airport Road Blackfoot
(Street Address, City, State)

FORM DH 60-155

CL 6/8/77 1 cc pd

Certif of Baptism from the LDS Church gives name as Deltha Glenell Tanner daughter of Ivan L. Tanner and Caroline Buttcan. born Jan 21,1922 at Blackfoot, Idaho. Baptized March 1, 1930. viewed by V. S.

Insurance policy from Beneficial Protective Assoc., Inc. gives name as Deltha Glenell Tanner. lists mother's name as beneficiary (Carolina Tanner.). viewed by V. S.

Insurance policy from Banker's life Co gives name as Deltha Glenell Rouen born Jan 21, 1922 in Blackfoot, Idaho. dated Dec 21, 1942. viewed by V. S.

493 - 209 - 006 - 962

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98227

County of Bingham

City of Blackfoot

No. Ward 4 St.

Registration District No. 121 File No.

Hospital

Primary Registration District No. 1017 Registered No. 43

FULL NAME OF CHILD Lela LaVon Miller

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Jan. 9 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth

Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	Martin C. Miller	FULL MAIDEN NAME	Nelda Ross
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at G. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. Whitehead M. D.

(Physician or midwife)

Address Blackfoot Idaho

Filed Feb 4 1922 Mrs Helen E. Fabrie

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-110-006-699

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No 202 So. Broadway St.
Hospital

Registration District No. 121
Primary Registration District No. 1007

File No. 98228
Registered No. 44

FULL NAME OF CHILD Bennie James Cooper
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan 10 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Joshua S. Cooper	FULL MAIDEN NAME	Susan M. Wright
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Mitchell M.D.
(Physician or midwife)

Address Blackfoot Idaho

Filed Feb 4 1922 Mrs. Hales E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19.....
.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 13 1962

JUN 18 1974

613-131-006-244

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98229

County of Bingham
City of Blackfoot
No. Rural St.
Hospital

Registration District No. 121 File No.
Primary Registration District No. 2194 Registered No. 45

FULL NAME OF CHILD Milton Kenith Wall
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Jan. 31 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Henry D. Wall	FULL MAIDEN NAME	Mary A. Summers
RESIDENCE	Blackfoot, Idaho #1	RESIDENCE	Blackfoot, Idaho #1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at G. P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.
(Physician or midwife)

Address Blackfoot, Idaho

Filed Feb 4 1922 Mrs Nalie C. Fabrie
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

951-228-006-967

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 87 North Ash St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 98230

Primary Registration District No. 1007 Registered No. 46

FULL NAME OF CHILD Marjory Lorraine Reay
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Jan 28 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	James Edgar Reay	FULL MAIDEN NAME	Bertha W. Rogers
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4. A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.
(Physician or midwife)

Address Blackfoot, Idaho

Filed Feb 4 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281-216-006-462

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Bekfr

Registration District No. 121 File No. 98231

No. So Asylum St.

Primary Registration District No. 1007 Registered No. 47

Hospital

FULL NAME OF CHILD Mary Edna Shaw

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	X		X	Yes	Jan 16 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alfred Shaw	FULL MAIDEN NAME	Mary E. Moss
RESIDENCE	Bekfr So Asylum	RESIDENCE	Bekfr So Asylum
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	48 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Potato Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9 45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot Idaho

Filed Feb. 4 1922 Mrs Walter E. Patrick Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281-216-006-753

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Bingham

City of Blkfoot

No. RFD 4 St.

Hospital

RECEIVED FEB 21 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 98232

Primary Registration District No. 2194 Registered No. 48

FULL NAME OF CHILD Lydia Shaffer

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	X		X	Yes	Jan 16 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Shaffer	FULL MAIDEN NAME	Minnie Geelner
RESIDENCE	Blkfr RFD 4	RESIDENCE	Blkfr RFD 4
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2:20 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot Idaho

Filed Feb 4 1922 Mrs Thalia E. Pattie

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

S99-211-006-217

RECEIVED FEB 21 1922 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. RFD-2 St.

Registration District No. 121 File No. 98233

Hospital

Primary Registration District No. 2194 Registered No. 49

FULL NAME OF CHILD Blanche Kirwin
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Jan 11 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Cegnos 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ed Kirwin	FULL MAIDEN NAME	Rebecca Kapla
RESIDENCE	RFD-2	RESIDENCE	RFD-2.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons
MD
(Physician or midwife)

Address Blackfoot Idaho

Filed Feb 4 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-112-006-133

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 21 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. So midwife

Registration District No. 121

File No. 98234

Hospital

Primary Registration District No. 1007

Registered No. 50

FULL NAME OF CHILD George Everett Allen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Jan 12 1922

What bactericidal solution was used in eyes? Ag no 3 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Harvey Allen	FULL MAIDEN NAME	Rhoda Allen
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Deputy Assessor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons
M D
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Blackfoot Ida

Filed Feb 4 1922 Mrs Walter E. Patrick
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 2 1941

Dup of ~~1923~~
1922 - 102031

342 - 216 - 006 - 967

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. Pingree St.
Hospital

Registration District No. 121
Primary Registration District No. 2194
File No. 98235
Registered No.

FULL NAME OF CHILD Darcas Eugene Durkeep
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Jan 16 1922

What bactericidal solution was used in eyes? Argyrol 1%

Number of child of this mother, including present birth

Number of child of this mother now living, including present birth

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Don Durkeep	Carden May Ropp
RESIDENCE	Pingree Ida	Pingree Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	25
BIRTHPLACE	Kansas	Mo
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) H. J. Simmons M D
(Physician or midwife)

Address Blackfoot Ida

Filed Feb 14 1922 Mrs Helen E. Petrie Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-103-006-815

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Basalt

No. ..... St.

Hospital .....

FEB 1 1922

Registration District No. 121

File No. 98249

Primary Registration District No. 2144

Registered No. 65

FULL NAME OF CHILD Kenneth Robinson

Sex of Child: male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth: Jan (Month) 3 (Day) 1921 (Year)

FATHER		MOTHER	
FULL NAME	Clarence L. Robinson	FULL MAIDEN NAME	Betsy V. Hanny
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Homemaker

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Wadsworth

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Shelley Ida

Filed Feb. 5 1922 Mrs Walter E. Patrick

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAR 7 - 1922

Boise, Idaho,.....192...

n:

ame of your baby was not filled in on the birth certificate sent to this office. It is of vital import-
e the full name included in the record. Kindly fill in the information requested in the blank below
his sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Shelley

et Route 2

ity Bingham

l Male

File Number 98249

Registration Dist. No. .....

Date of Birth January 3rd 192 2

Clarence L. Robinson
Full Name

Mother B. Vilate Hanny
Full Maiden Name

CERTIFY that the child described herein has been named:

Kenneth Robinson
Child's Name in Full

Clarence L. Robinson
Signature of Father ~~or Mother~~

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH T

- - - - - - - - - - -

Birth registration is part of every child's bi

It establishes legally the date of the child's
and legitimacy.

It enables the Public Health Nurse to make s
been protected from danger of blindness and other in

- - - - IT SHOWS AT LATER PERIODS OF LIFE

1. The correct age for purposes of school at
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lan
6. Right to vote.
7. Right to receive pensions and inherit pro
8. Furnishes acceptable evidence of genealog
9. Right to get married.
10. Just at this time while many of the Ex-Se

pelled to furnish certified copies of certificates o
portant that the certificates be filed with the BURE
TICS and the same completed by furnishing the name o

PLEASE ASSIST BY FURNISHING THE NAME OF Y

Dear Madam

The n
ance to have
and return t

Place of Birth { City / Stree / Coun

Sex of Child

Father

I HEREBY

585-203-006-695

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

RECEIVED FEB 21 1922 BUREAU OF VITAL STATISTICS

Registration District No. 121 File No. 98257

No.

Primary Registration District No. 2194 Registered No. 73

Hospital

FULL NAME OF CHILD Elma Emma Nye

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
4		yes	1 — 3 1922

FATHER		MOTHER	
FULL NAME	Walter Allen Nye	FULL MAIDEN NAME	Phoebe Wiens
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 11 95 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

Shelley (Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed Feb. 5 1922 Mrs Walter E. Patrick Registrar

Registrar

S-Y CO. 24696

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

RECEIVED
MAY 8 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Shelley Idaho
Street: .....
County: Bingham

File Number: 98257

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: June 3, 1922

Father: Walter Allen Nye
Full Name

Mother: Phebe Winn
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Edna Emma Nye
Child's Name in Full

Walter Allen Nye
Signature of Father or Mother

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

236-106-006-191

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley.

No. ..... St.

Hospital .....

Registration District No. 191 File No. 98258

Primary Registration District No. 2194 Registered No. 74

FULL NAME OF CHILD RALPH EDWARD Stoddard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes	1-6-1922

	FATHER	MOTHER
FULL NAME	Wm E. Stoddard	Jennett Crane
RESIDENCE	Shelley.	Shelley.
COLOR	W.	W.
AGE AT LAST BIRTHDAY	48 (Years)	41 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Home Keeper

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb 5 1922 Wm Yates Patrie Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 98258

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for "Unnamed" Stoddard (Name on Original Certificate) who was born (Was Born or Died) on 1-6-1922 (Date of Event) in Shelley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Child's birth cert. #50-10277 Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Sept. 1, 1950: Jan. 6, 1922 (Give Date), are: Viewed by Div. of Vital Statistics.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	"Unnamed" Stoddard	Ralph Edward Stoddard

Subscribed and sworn to before me this 14 day of April, 1955

Lillian V. Greene
Notary Public, residing at Boise, Ida
My commission expires May 19, 1956
(Seal)

Signed Henry L. Busby
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

204 Randall St. Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of April, 1955

Lillian V. Greene
Notary Public, residing at Boise, Ida
My commission expires May 19, 1956
(Seal)

Signed Henry F. Greene
(Signature of Any Credible Person)

4124 Garrett St Boise Ida
(Street Address, City, State)

DPH 52-155

SZ2-209-006-292

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

RECEIVED FEB 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

Registration District No. 121 File No. 98259

No. ..... St.

Primary Registration District No. 2194 Registered No. 75

Hospital .....

FULL NAME OF CHILD Belda Lenora Esplin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		yes	1 (Month) 9 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Allen Esplin	FULL MAIDEN NAME	Anna Mable Berthine
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Elive at 4 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Shelley

Filed Feb. 5 1922 Mrs Helen E. Patrick
Registrar

Registrar

S-Y CO. 84666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
MAR 16 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Shelley

Street: R. F. D. 2

County: Bingham

File Number: 9825

Registration Dist. No.: 1

Sex of Child: ~~Female~~ Male

Date of Birth: Jan 9 1922.

Father: Joseph Allen Esplin (Full Name)

Mother: Anna Mabel Bitline (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Zelda Leonora Esplin
Child's Name in Full

Mrs Joseph Esplin
Signature of Father or Mother

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

273-226-006-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 98260

PLACE OF BIRTH

County of Bingham

City of Shelley.

No. ..... St.

Hospital .....

Registration District No. 121

Primary Registration District No. 2194

Registered No. 26

FULL NAME OF CHILD Gertrude Eileen Balmforth.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	1 2 1922

FATHER

FULL NAME Joseph A. Balmforth

RESIDENCE Shelley.

COLOR W. AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Esther E. Jones.

RESIDENCE Shelley.

COLOR W. AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Utah.

OCCUPATION House Keeper

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Live (Born alive or stillborn) at 6 A. M. on the date above stated.

(Signature) Edward Cutler M. D.

(Physician or midwife)

Address Shelley.

Filed Feb. 6 1922 Mrs. Nadeen E. Peterson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24686

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED APR 3 1922 BUREAU OF VITAL STATISTICS IDAHO

Boise, Idaho, MAR 7 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls

Street: R.F.D. #4 Idaho

County: Bonneville

File Number: 98260

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Jan. 26 192.2

Father: Joseph Archibald Balmforth (Full Name)

Mother: Esther Elizabeth Jones (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Gertrude Aileen Balmforth

Child's Name in Full

Mrs. J. A. Balmforth

Signature of Father or Mother

OVER

5 1957

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

338-129-006-316

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

Registration District No. 121 File No. 98261

No. ..... St.

Primary Registration District No. 2194 Registered No. 77

Hospital .....

FULL NAME OF CHILD Clarence Edward Clyde

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	1 (Month) 29 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	James Reese Clyde	FULL MAIDEN NAME	Alta Law
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Shelley, Idaho

Filed Feb. 6 1922 Mrs Nathan E. Patrie

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Shelby
- Street:
- County: Bingham

File Number: 98261

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Jan. 29 1922

Father: James Reese Clyde
Full Name

Mother: Alta Law
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Clarence Edward Clyde
Child's Name in Full

J. R. Clyde
Signature of Father or Mother

OVER

RECEIVED
DEC 29 192
EAU OF
TAT

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Pingree

No. 519-111-006-463 St.

Registration District No. 121 File No. 98262

Primary Registration District No. 2194 Registered No. 78

Hospital Orvan

FULL NAME OF CHILD Lewis C. Naillon

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	1		1	Yes	Jan (Month) 11 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harrison Naillon	FULL MAIDEN NAME	Ida V. Dockery
RESIDENCE	Pingree - Ida	RESIDENCE	Pingree
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Tenn	BIRTHPLACE	Okla
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 2 30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Jackson M. D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot

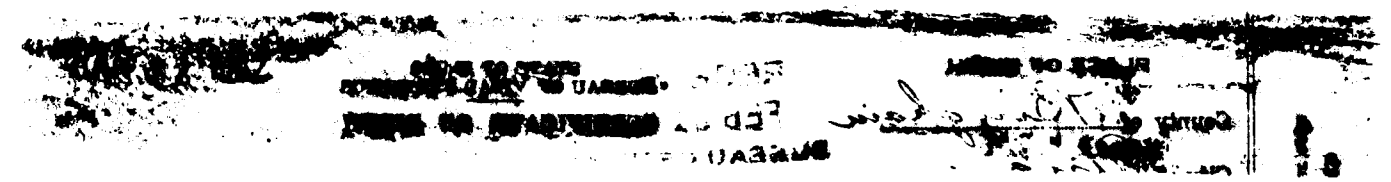
Filed Feb. 7 1922 Mrs Walter E. Petrie

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



OCT 15 1958

635-123-006-415

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

98263

County of Bingham

City of Blackfoot

Registration District No. 17 File No.

No. St.

Primary Registration District No. 2794 Registered No. 79

Hospital Central

FULL NAME OF CHILD Gordon Willard Flemister

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		1	Yes	Jan 23 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Levi J. Flemister	Eva May Davis
RESIDENCE	Springfield, Ida	Springfield
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	26
BIRTHPLACE	Georgia	Colo.
OCCUPATION	Farmer & Mechanic	H. wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3:20 A. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Jameson M. D.

(Physician or ~~midwife~~)

Address Blackfoot

Given names added from a supplemental report.

19

Registrar

Filed Feb. 7 1922 Mrs Helen E. Fatherree

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 29, 1941. E.W.

NOV 9 1983

416-203-006-255

PLACE OF BIRTH

Form V. S. No. 11-C—2Mm-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

98264

County of Bingham

City of Blackfoot

No. R.F.D. #5 St.

Hospital

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 80

FULL NAME OF CHILD Ruby Leota Dawson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan (Month) 3 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Dawson	FULL MAIDEN NAME	Annie Bennett
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:00 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Filed Feb 8 1922 Mrs Walter E. Fabrie

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WHY A CERTIFICATE OF BIRTH
THE SAME COMPLETED

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackfoot

Street: R. F. D.

County: Bingham

File Number: 98264

Registration Dist. No. .....

Date of Birth .....192....

Sex of Child: Female

Father: Joseph R. Dawson (Full Name)

Mother: Annie P. Bennett. (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

by Leota Dawson

Child's Name in Full

Mrs. Annie Dawson

Signature of Father or Mother

OVER

JUN 18 19[illegible]

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

719-210-006-236

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121

File No. 98265

No. ..... St.

Primary Registration District No. 2194

Registered No. 81

Hospital .....

FULL NAME OF CHILD Marcine Nancy Gardner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan (Month) 10 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	William E. Gardner	FULL MAIDEN NAME	Nancy Evaline Stone
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:50 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot, Idaho.

Filed Feb. 8 1922 Mrs Hallie E. Gabrie

..... Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 9 1972

168-211-006-952

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

RECEIVED FEB [illegible] 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Pingree

Registration District No. 121

File No. 98266

No. ..... St.

Primary Registration District No. 2194

Registered No. 82

Hospital .....

FULL NAME OF CHILD Barbara Mearl Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan. (Month) 11 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Hugo Erinus Johnson	FULL MAIDEN NAME	Ima Mearl Inskeep
RESIDENCE	Pingree	RESIDENCE	Pingree
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot Idaho

Filed Feb. 8 1922 Mrs. Walter E. Patrie

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

435-23-006-584

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 6-6-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot — Registration District No. 121 — File No. 98267

No. R#3 St. — Primary Registration District No. 2194 — Registered No. 83

Hospital

FULL NAME OF CHILD Dorthy Jean McNeil

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan. 13 1922

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	Archie McNeil	Gobbie Nyman
RESIDENCE	Blackfoot	Blackfoot
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	33
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed Feb. 8 1922 Mrs. Walter E. Labrie
Registrar

681-113-006-019

Form V. S. No. 11-C—20m-8-8-17

PLACE OF BIRTH

County of Bingham

City of Moreland

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

98268

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 84

FULL NAME OF CHILD Leslie Jack Fyans

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan (Month) 13 (Day) 22 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Fyans	FULL MAIDEN NAME	Mary Ann Farnsworth
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Massachussets	BIRTHPLACE	Arizona
OCCUPATION	Blacksmith	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:25a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

..... 19.....

Filed Feb 8 1922 Mrs Walter E. Patrick
Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-114-006-793

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

98269

RECEIVED FEB 5 - 1922 BUREAU OF VITAL STATISTICS

Registration District No. 121 File No. .....

Primary Registration District No. 1007 Registered No. 85

FULL NAME OF CHILD Harold John Chapman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 14 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John D. Chapman	FULL MAIDEN NAME	Jone Athens Gilchrist
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Arizona	BIRTHPLACE	Utah
OCCUPATION	Insurance agent	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Blackfoot Idaho

Filed Feb 8 1922 Mrs Nates E. Patrick
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 11 1922

BUREAU OF VITAL STATISTICS

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackfoot

Street: 112 North Stout Avenue

County: Bingham

File Number: 98269

Registration Dist. No.:

Sex of Child: Male

Date of Birth: January 14, 1922

Father: John Davis Chapman (Full Name)

Mother: Iona Athens Gilchrist Chapman (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Harold John Chapman

Child's Name in Full

John D. Chapman

Signature of Father or Mother

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

249-116-006-614

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121 File No. 98270

No. RFD #3 St.

Primary Registration District No. 2194 Registered No. 86

Hospital

FULL NAME OF CHILD Edmund Clair Burke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 16 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl F. Burke	FULL MAIDEN NAME	Sadie Wadsworth
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	South Dakota	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

.....19.....

Filed Feb 8 1922 Mrs Nateen E. Patrick

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 10 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR. 7. 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Wapello

Street:

County: Bingham

File Number: 98270

Registration Dist. No.: 9

Sex of Child: ~~Male~~ Male

Date of Birth: January 16 1922

Father: Earl Patric Burke (Full Name)

Mother: Sadie Wadsworth (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Edmund Clair Burke,
Child's Name in Full

Mrs. Sadie Burke
Signature of Father or Mother

OVER.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
LED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage egitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are comd to furnish certified copies of certificates of birth, it is imnt that the certificates be filed with the BUREAU OF VITAL STATISand the same completed by furnishing the name of the child.

Burke

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

253-117-006-533

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. R.D. #4 St.

Hospital

Registration District No. 121

File No. 98271

Primary Registration District No. 2194

Registered No. 87

FULL NAME OF CHILD Wallace J. Belnap

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan. 17 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lester M. Belnap	FULL MAIDEN NAME	Vere Ellsworth
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Filed Feb. 8 1922 Mrs. Nateen E. Fabric

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 3 1941

335-222-006-866

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 2 1922
BUREAU

CERTIFICATE OF BIRTH

98272

County of Bingham
City of Blackfoot
No. E. Court St.
Hospital

Registration District No. 121 File No.
Primary Registration District No. 1007 Registered No. 88

FULL NAME OF CHILD Harriet Patricia Clevenger
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? — and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Jan. 22 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Benjamin W. Clevenger	FULL MAIDEN NAME	Marjorie Chellain Hoffman
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	West Virginia	BIRTHPLACE	Illinois
OCCUPATION	Tailor	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:30 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Blackfoot Idaho

Filed Feb. 8 1922 Mrs Walter E. Patrick
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 6 1950

MAR 5 1942

APR 8 1950

655-224-006-213

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R.D. 43 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB [illegible]
BUREAU

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 98273

Primary Registration District No. 2194 Registered No. 89

FULL NAME OF CHILD Learn Weeding
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Jan. 6 1922

What bacteriocidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Charles D. Weeding	FULL MAIDEN NAME	Wanda Hannah Halverson
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician

(Physician or midwife)

Address Blackfoot, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Feb. 8 1922 Mrs. Hales E. Tatton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/30/41 Z.J.

685-226-006-533

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. R#5 St.
Registration District No. 12
File No. 98274
Hospital
Primary Registration District No. 2194
Registered No. 90.

FULL NAME OF CHILD Clara E. Wheeler
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Jan. 26 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Jacob Archie Wheeler	FULL MAIDEN NAME	Bessie Ellis
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
Physician
(Physician or midwife)

Address Blackfoot Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Feb 8 1922 Mrs Helen E. Petre
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 17 ... BUREAU OF VITAL STATISTICS

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Blackfoot R. 5

Street

County Bingham

File Number ~~MAR 7 - 1922~~ 98274

Registration Dist. No. 15

Sex of Child Female

Date of Birth Jan. 26th 1922

Father Jacob Archie Wheeler
Full Name

Mother Bessie E. Ellis
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Clara E. Wheeler
Child's Name in Full

Jacob A. Wheeler
Signature of Father or Mother

OVER

K

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

819-228-006-349

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98275

County of Bingham
City of Blackfoot
No. 99 N. Shilling
Registration District No. 121
File No.
Hospital
Primary Registration District No. 1007
Registered No. 91

FULL NAME OF CHILD Helen Hill Hartong
(Certificate of no value without full name of child.)

Sex of Child: Female
Twin, Triplet, or other? (To be answered only in event of plural births)
Number in order of birth
Legitimate? Yes
Date of birth: Jan 28 (Month) (Day) 1922 (Year)

What bactericidal solution was used in eyes? Argyrol.

Number of child of this mother, including present birth 1
Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Hartong	FULL MAIDEN NAME	Florence Turner
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	South Dakota
OCCUPATION	Contractor	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck
Physician
(Physician or midwife)
Address Blackfoot Idaho

Give names added from a supplemental report.

....., 19.....
Registrar.

Filed Feb 8 1922 Mrs Walter E Tatro
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Sacramento } ss.

FEB 13 1942

Certificate No. 98275

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Hellen Hill Hartong (Name on Original Certificate) who was born (Was Born or Died) on Jan. 28- 1922 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Hellen Hill Hartong	Helen Hill Hartong

Subscribed and sworn to before me this 11th
day of February, 1942.
[illegible]
Notary Public, residing at Sacramento, Cal
My commission expires Jan 12 - 1943
(Seal)

Signed Florence T. Hartong
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2923 Highland Ave. Sacramento, Cal
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

FEB 1942

256 - 130 - 006 - 363

Amended 9-28-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 98276
Local Reg. No. 92
Reg. Dist. No. 121

1. PLACE OF BIRTH

a. COUNTY: Bingham

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bingham

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Stephen b. (Middle): Leon c. (Last): Brower

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Male	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Jan. 30, 1922

FATHER OF CHILD

7. FULL NAME

a. (First): George b. (Middle): Stephen c. (Last): Brower

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
26 YEARS	Idaho	Labor	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Kate b. (Middle): c. (Last): Locke

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
22 YEARS	Tennessee	0	0	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: W. W. Beck

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Blackfoot, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Feb. 8, 1922

22. REGISTRAR'S SIGNATURE: Mrs. Walter E. Patrie

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

USE NO DATE

OF VITAL STATISTICS, BOISE, IDAHO.

AFFIDAVIT

STATE OF _____

COUNTY OF _____

To whom it may concern:

I, JOHN THORNTON do hereby swear that the following statements are true as to the birth of STEPHEN LEON BROWER.

1. Birth date: 30 JANUARY 1922.
2. Birth place: BLACKFOOT, IDAHO
3. Parent's Names:

   Father GEORGE STEPHEN BROWER

   Mother KATE LOCKE
4. Age of person signing afficavit: 76 years
5. Reason of knowledge of this birth: I was Clerk of the L.D.S. Ward where birth occured, Also I was in the Brower home both before and after the birth, I know from the records that the mothers name is Kate Locke

Signed John Thornton

Suscribed and sworn to before me this 3 day of September 1965.

Winston Benson
Probate Judge

My Notary Commission expires _____ 19____.

A F F I D A V I T

Marriage Certificate, State of Utah, County of Salt Lake, married Sept. 17, 1919 gives full name of groom as George Stephen Brower and full name of bride as Kate Locke - viewed by V.S. L.D.S. Church Record, baptized and Confirmed April 26, 1911 gives full name as Kate Locke, Brower, born April 17, 1899 at Jasper, Tenn. to (Gus) Thomas Leon Locke and Elizabeth Caroline Parker - viewed by V.S.

STATE OF Idaho

COUNTY OF Bingham

To whom it may concern:

I, Sam H. Jones do hereby swear that the following statements are true as to the birth of Stephen Leon Brower.

1. Birth date: January 30, 1922

2. Birth place: Blackfoot, Idaho

3. Parent's Names:

   Father George Sephen Brower

   Mother Kate Locke (Brower)

4. Age of person signing afficavit: 68 years

5. Reason of knowledge of this birth: I was there shortly after birth.

Signed Sam H. Jones

Suscribed and sworn to before me this 2 day of September 1965.

Winston Benson
Probate Judge

My Notary Commission expires _____ 19____.

816 - 205 - 006 - 766

PLACE OF BIRTH

AMENDED CHILD'S, FATHER'S & MOTHER'S NAMES

STATE OF IDAHO

12-8-99 MS

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

RECEIVED FEB 21 1922

CERTIFICATE OF BIRTH

98280

County of Bingham

City of Blackfoot

No. ..... St.

Registration District No. 121 File No. .....

Hospital .....

Primary Registration District No. 2194 Registered No. 96

FULL NAME OF CHILD Frances Ruth ~~Hawks~~ HAWKES

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	1 5 1922

What bactericidal solution was used in eyes? Silver nitrate sol 2% sol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME FRANCIS SIDNEY HAWKES ~~Francis S Hawks~~	FULL MAIDEN NAME GENEVIEVE PEARL GOODWIN ~~Genevieve Goodwin~~
RESIDENCE Blackfoot Ida	RESIDENCE Blackfoot Ida
COLOR white AGE AT LAST BIRTHDAY 32 (Years)	COLOR white AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J O Hampton M.D.

(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

Address Blackfoot Ida

Filed Feb 8 1922 Mrs Thelma E. Patrick

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 21 1973

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

11-29-99

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Bingham } ss.

Certificate No. 1922-98280
Date Filed FEB. 21, 1922

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for FRANCES RUTH HAWKS (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on JAN. 5, 1922 (Date of Event)

in BLACKFOOT (BINGHAM) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	FRANCES RUTH HAWKS	FRANCES RUTH HAWKES
FATHER'S NAME	FRANCIS S. HAWKS	FRANCIS SIDNEY HAWKES
MOTHER'S MAIDEN NAME	GENEVIVE GOODWIN	GENEVIEVE PEARL GOODWIN

Subscribed and sworn to before me this 6th day of December, 1999

Notary Public, Betty Adams

Residing at Blackfoot, Idaho

My commission expires May 20, 2004

(Seal)

Frances Ruth Hawkes
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary +)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, ____.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

fee pd (Great)

CERTIFICATE OF BIRTH STATE OF IDAHO FILED 11/30/1942 FILE #1919-361811 SHOWS MERTIN WILLIAM HAWKES BORN AUG. 28, 1919 IN BLACKFOOT (BINGHAM) ID TO GENEVIEVE PEARL GOODWIN AND FRANCIS SIDNEY HAWKES VIEWED VS.

STATE OF IDAHO CERTIFICATE OF DEATH FILED 11/13/1972 FILE #1972-5206 SHOWS FRANCIS SIDNEY HAWKES DIED 11/7/1972 IN BLACKFOOT (BINGHAM) ID VIEWED VS.

STATE OF IDAHO CERTIFICATE OF DEATH FILED 5/3/1993 FILE #93-2485 SHOWS GENEVIEVE PEARL HAWKES DIED APRIL 25, 1993 IN BLACKFOOT (BINGHAM) ID FATHER'S NAME JOHN WILLIAM GOODWIN VIEWED VS.

STATE OF IDAHO CERTIFICATE OF BIRTH FILED 2/7/1941 FILE #1941-306810 SHOWS THE MOTHER'S MAIDEN NAME AS FRANCES RUTH HAWKES VIEWED VS.

CERTIFICATE OF BLESSING FROM THE LDS CHURCH SHOWS FRANCES RUTH HAWKES BORN JAN. 5, 1922 IN THOMAS (BINGHAM) ID WAS BLESSED FEB. 5, 1922 VIEWED VS.

96-224-006-253

PLACE OF BIRTH

amend 11-8-82

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 1922

CERTIFICATE OF BIRTH 98281

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 97

FULL NAME OF CHILD Amy Loy Roylance
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) 1 (Day) 24 (Year) 1922
Female		yes	

What bactericidal solution was used in eyes? Silver nitrate 2 % sol.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Horace Roylance	FULL MAIDEN NAME	Minnie Alice Belcher
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J O Hampton M.D.
(Physician or midwife)

Address Blackfoot Ida

Filed Feb 8 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 7 1972

10-12-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 4 8 02 AM '82

State of _____ } ss.
County of _____ }

Certificate No. 98281
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Vera Lavelle Roylance (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan 14, 1922 (Date of Event)

in Blackfoot (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Vera Lavelle Roylance	Amy Loy Roylance

Subscribed and sworn to before me this 1st day of November, 19 82

Notary Public, NOTARY PUBLIC for the State of Montana
Residing at Residing at Lolo, Montana
My commission expires My Commission Expires July 6, 1984
(Seal)

X Amy Loy Cyr
Signature of Applicant
Stevensville Mont 59870
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

lcc pd

Certificate of Baptism from LDS Church gives Amy Loy Roylance born 1-24-22 at Groveland, Idaho to Horace Roylance and Minnie Belcher was baptised July 3, 1932. Viewed by V.S.

NOV - 8 1982

Certificate of Birth from LDS Church gives Amy Loy Roylance born 1-24-22 in Groveland, Idaho to Horace Roylance and Minnie Belcher. Entered on record 5-7-22. Viewed by V.S.

791-202-007-171

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Bellevue

Registration District No. 57 File No. 98283

No. ____ St.

Primary Registration District No. 2022 Registered No. 2

Hospital ____

FULL NAME OF CHILD Mary Barbara Graf

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes	Jan.	2	1922

FATHER

FULL NAME Arthur Franklin Graf

RESIDENCE Bellevue Idaho

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Beatrice Nebraska

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Elizabeth Agar

RESIDENCE Bellevue Idaho

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Princeton Indiana

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:30 a. M. on the date above stated.

(Signature) Fred V. Suffich DO

(Physician or midwife)

Address Hailey Idaho

Filed 1-20 1922 Robert H. Wright Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 3 1944

331 - 215-007-389

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Ketchum

RECEIVED

Registration District No. 57 File No. 98284

No. SURE

Primary Registration District No. 2022 Registered No. 3

Hospital

FULL NAME OF CHILD Jessie Clarke

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	1 15 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Doyle Clarke	Emma Christensen
RESIDENCE	Ketchum, Ida	Ketchum, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE	Nebraska	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

Registrar

(Signature) Robert A. Wright M.D.

(Physician or midwife)

Address Hailey, Ida

Filed 1-20 1922 R. A. Wright

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 28 1954

719-116-007-271

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-31-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
FEB 23 19
BUREAU OF VITAL STATISTICS

County of Blaine

City of Carey

No. ____ St. 31

Registration District No. 57 File No. ~~98285~~

Primary Registration District No. 7025 Registered No. 4

Hospital ____

FULL NAME OF CHILD Curtis Ly Parke

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	1 16 1922

FATHER

FULL NAME Harvey S. Parke

RESIDENCE Carey, Ida

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Carey, Ida

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Nellie Sparks

RESIDENCE Carey, Ida

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:10 P. M. on the date above stated.

(Signature) Robert A. Wright M.D

(Physician or Midwife)

Address Hailey, Ida

Filed 1-20 1922 Robert A. Wright Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

____ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 2 2 1941

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

IVED
1922
VITAL
TISTICS

Boise, Idaho, MAR 7 - 1922 192...

Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Carey

Street:

County: Blaine

File Number: 98285

Registration Dist. No.:

Date of Birth: Jan 16 192?

Sex of Child: Male

Father: Harvey Lytle Parke (Full Name)

Mother: Millie Sophia Sparks (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Curtis Lytle Parke
Child's Name in Full

Harvy Parke
Signature of Father or Mother

OVER

K

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF

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- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, pa
and legitimacy.

It enables the Public Health Nurse to make sure the ch
been protected from danger of blindness and other infections at

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men a
pelled to furnish certified copies of certificates of birth, it
portant that the certificates be filed with the BUREAU OF VITAL
TICS and the same completed by furnishing the name of the child

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

396 - 219-007-155

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Blaine REC FE

City of Bellevue Registration District No. 57 File No. 98286

No. ..... St. Primary Registration District No. 2022 Registered No. 5

Hospital .....

FULL NAME OF CHILD Eva Artell Crone

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	1 - 19 1922

FATHER	MOTHER
FULL NAME Charles W. Crone	FULL MAIDEN NAME Eva Jensen
RESIDENCE Bellevue, Idaho	RESIDENCE Bellevue, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Bright Center, Kansas	BIRTHPLACE Park City, Utah
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10:50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eva Fox

Physician (Physician or midwife)

Address Stanley, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 2-1 19 22 Robert H. Wright Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

EVERAL REASONS WHY A CERTI

CHILD AND THE S

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Bellevue

Street:

County: Blaine

File Number: 98286

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Jan 19 1922.

Father: Charles William Crone (Full Name)

Mother: Eva Jensen Crone (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Eva Artell Crone

Child's Name in Full

Mrs C. W. Crone

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

349-116-207-299

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Registration District No. 57

File No. 98287

Primary Registration District No. 2022

Registered No. 6

Hospital .....

FULL NAME OF CHILD Carl Hugh Turner

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	1 16 1922

FATHER	MOTHER
FULL NAME Jack Hugh Turner	FULL MAIDEN NAME Maud Elizabeth Bricker Brewer
RESIDENCE Hailey, Idaho	RESIDENCE Hailey, Idaho
COLOR White	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Hailey, Idaho	COLOR White
OCCUPATION Laborer	AGE AT LAST BIRTHDAY 18 (Years)
	BIRTHPLACE Arco, Idaho
	OCCUPATION House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11-10 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Em Fox

Physician

(Physician or midwife)

Address Hailey, Idaho

Given names added from a supplemental report.

..... 19.....

Filed 2-1 1922 R. H. Wright

Registrar

..... Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 20 19

Boise, Idaho, MAR 7 1922 192 2

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Bailey

Street:

County: Blaine

File Number: 98287

Registration Dist. No.:

Date of Birth: January 16th 1922

Sex of Child: Male

Father: Jack Hugh Turner (Full Name)

Mother: Maude Elizabeth Bricker (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Carl Hugh Turner (Child's Name in Full)

Jack Hugh Turner (Signature of Father or Mother)

OVER

Certified Copy issued Feb. 14, 1941. E.W.

759-121-007 666

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Registration District No. 57 File No. 98288

Primary Registration District No. 2022 Registered No. 7

FULL NAME OF CHILD John James Perkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	1 (Month) 21 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Clifton Perkins	FULL MAIDEN NAME	Lois Foote
RESIDENCE	Hailey, Idaho	RESIDENCE	Hailey, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	N.Y.
OCCUPATION	Garage owner	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Fox

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Hailey, Idaho

Filed 2-1 1922 Robert H. Wright Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

533-123-007-SSS

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Blaine

City of Hailey

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 57 File No. 98289

Primary Registration District No. 2022 Registered No. 8

FULL NAME OF CHILD Andrew Jackson Elliot

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	1 (Month) 23 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	John Elliot	FULL MAIDEN NAME	Ethel Venomon
RESIDENCE	Ketchum Idaho	RESIDENCE	Ketchum, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Boise, Idaho	BIRTHPLACE	Boulder, Colo
OCCUPATION	Lumberman	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Fox

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Hailey, Idaho

Filed 2-1 1922 Robert H. Wright Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S.Y. CO. 24655

RECEIVED
MAY 1 ? DEPAR

40

, Idaho, ...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City Ketchum
Street .....
County .....

File Number 98289

Registration Dist. No. .....

Sex of Child Male

Date of Birth Jan 23 1922

Father John Barnet Elliott
Full Name

Mother Ethel Irene Venemon
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Andrew Jackson Elliott
Child's Name in Full

Mrs Ethel Elliott
Signature of Father or Mother

OVER

AUG 3 1 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

546-128-007-142

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Carey — Registration District No. 57 — File No. 98290

No. ____ St. ____

Primary Registration District No. 2015 — Registered No. 9

Hospital ____

FULL NAME OF CHILD Vernon Lapell Edwards

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	1-25-22

FATHER		MOTHER	
FULL NAME	Lapell H. Edwards	FULL MAIDEN NAME	Marjorie K Justensen
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E Snyder

Physician

(Physician or midwife)

Address Carey

Given names added from a supplemental report.

____ 19____

Registrar

Filed 2-8 19 22 — Robert H. Wright

Registrar

OCT 10 1941

MAY 9 1975

271-129-004 - 235

Form V. S. No. 11-C--25m-7-21

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98291

County of Blaine

City of Carey — Registration District No. 57 — File No.

No. ____ St.

Primary Registration District No. 2045 — Registered No. 10

Hospital

FULL NAME OF CHILD Stewart Winston Sparks

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	1-29-1922

FATHER	MOTHER
FULL NAME: Morgan N Sparks	FULL MAIDEN NAME: Rosina N Stewart
RESIDENCE: Carey	RESIDENCE: Carey
COLOR: W White — AGE AT LAST BIRTHDAY: 24 (Years)	COLOR: W White — AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Scotland
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:50 a M. on the date above stated.

(Signature) Houston E Snyder
Physician
(Physician or midwife)

Address Carey

Filed 2-8 1922 — Robert H. Wright, Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

CEIVED
AR 18 1922
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... MAR. 7. ..1922..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City ..... Boise .....

Street .....

County ..... Ada .....

File Number ..... 98291 .....

Registration Dist. No. .....

Sex of Child ..... Male .....

Date of Birth ..... January 29 ..... 192 2

Father ..... Morgan F. Sparks. .....
Full Name

Mother ..... Rosina H. Stewart. .....
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

..... Stewart, Winston, Sparks. .....
Child's Name in Full

..... Morgan F. Sparks. .....
Signature of Father or Mother

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

213-231-007-389

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED FEB 23 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

Registration District No. 57 File No. 98292

No. ..... St.

Primary Registration District No. 2022 Registered No. 11

Hospital .....

FULL NAME OF CHILD Betty Jane Salisbury

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	(To be answered only in event of plural births)		Yes	1-31 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry Salisbury	FULL MAIDEN NAME	Mabel Threadgold
RESIDENCE	Hailey, Idaho	RESIDENCE	Hailey, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	Hotel Mgr.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12-0 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Fox

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Hailey, Idaho

Filed 2-8 1922 ~~Hailey, Idaho~~ Robert H. Wright Registrar

..... Registrar

S-Y CO. 24695

M. GIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Property of the Library
Virginia Polytechnic Institute
and State University

138-105-007-446

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED FEB 25 BUREAU

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

98293

County of Blaine

City of Hailey

Registration District No. 57 File No.

No. St.

Primary Registration District No. 2022 Registered No. 12

Hospital

FULL NAME OF CHILD Gilbert Karl Ackenbach.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	1 5 1922

	FATHER	MOTHER
FULL NAME	Wm Carl Ackenbach	Ida May Duffy
RESIDENCE	Hailey, Ida	Hailey, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Wyoming	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7:15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert A. Wright. M.D.
(Physician or midwife)

Address Hailey, Ida

Given names added from a supplemental report.

19

Registrar

Filed 1-7 1922 Robert A. Wright
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED MAR 10 1922 BUREAU OF VITAL STATISTICS

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Hailey

Street:

County: Blaine

File Number: 98293

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Jan. 5th 192 2

Father: Wm Karl Achenbach
Full Name

Mother: Lola May Duffy
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Gilbert Karl Achenbach
Child's Name in Full

Lola M. Achenbach
Signature of Father or Mother

OVER

NOV 29 1962

DEC 3 [illegible]

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

813-104-007 415

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

RECE[illegible] FEB 23 [illegible] STATIS[illegible]

Registration District No. 57 File No. 98294

Primary Registration District No. 2022 Registered No. 13

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	1 4 1922

FATHER		MOTHER	
FULL NAME	Enoch Leroy Hale	FULL MAIDEN NAME	Cynthia R. Dam
RESIDENCE	Picabo, Ida	RESIDENCE	Picabo, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Labour	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright - M.D.

(Physician or midwife)

Address Hailey, Ida

Filed Jan 7 1922 Robert H. Wright Registrar

Given names added from a supplemental report.

..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-101-007-763

Form V. S. No. 11-C—25m-1-1-18.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

RECEIVED FEB 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 57 File No. 98295

Primary Registration District No. 2022 Registered No. 14

FULL NAME OF CHILD Scott Bell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	1 – 1 – 1922

FATHER		MOTHER	
FULL NAME	James Bell	FULL MAIDEN NAME	Mary Potter
RESIDENCE	Muldoon, Idaho	RESIDENCE	Muldoon, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Samaria, Idaho
OCCUPATION	Farmer & Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

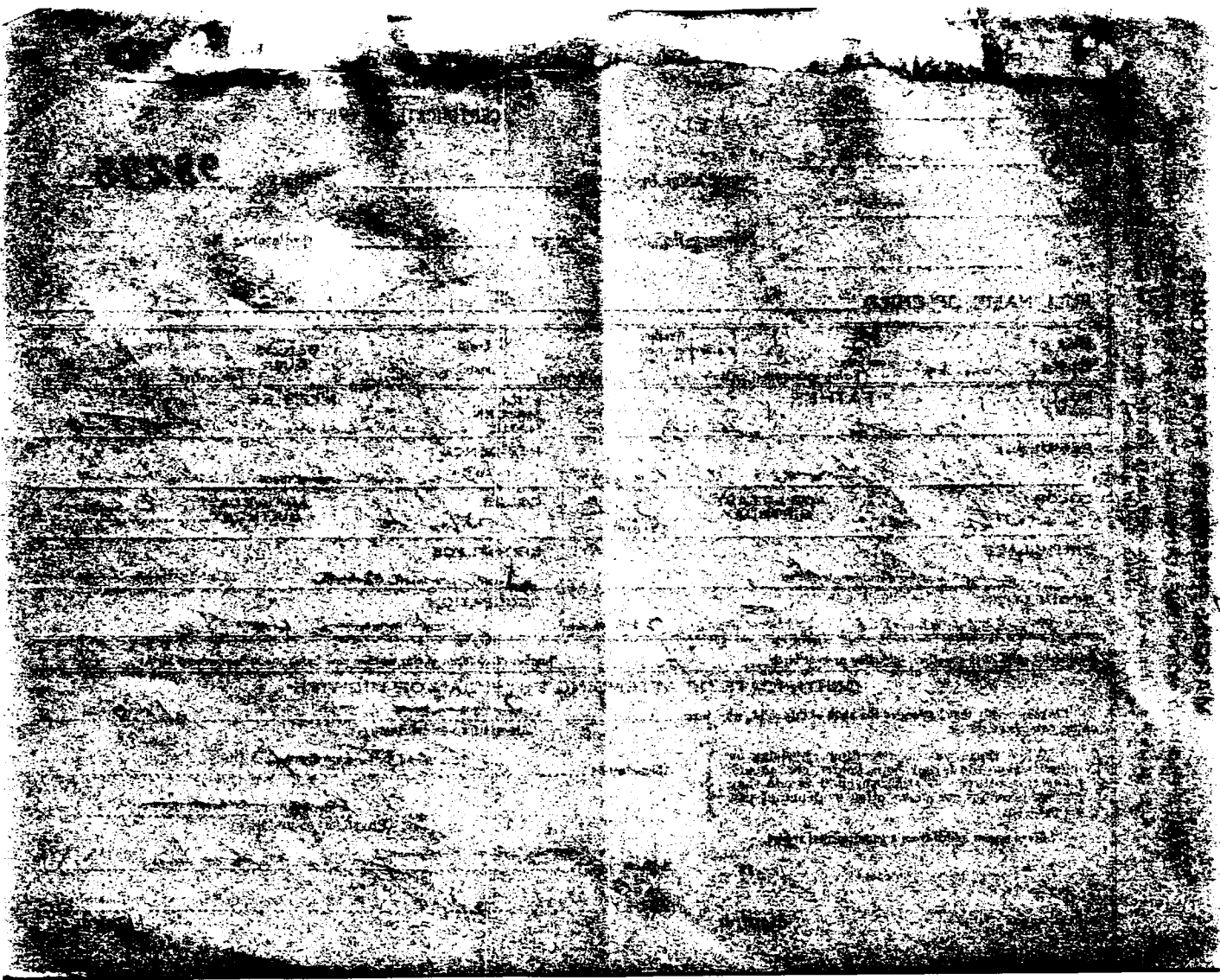
(Signature) Leo Foy

..... (Physician or midwife)

Address Hailey, Idaho

Filed 1-7 19 22 Robert H. Wright Registrar

6-Y CO. 24655



RECEIVED
MAR 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Hailey

Street:

County: Blaine

File Number: 98295

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Jan. 1st 192 2

Father: James Bell (Full Name)

Mother: Mary Potter (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Scott Bell
Child's Name in Full

James Bell
Signature of Father or Mother

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

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- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

213-217-009-48

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Kootenai, Ida

No. ..... St. ..... Registration District No. 78 File No. 98296

Hospital ..... Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Marjorie Frances Bacon
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Jan 17 1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Ray Les Bacon	FULL MAIDEN NAME	Violet Doherty
RESIDENCE	Kootenai, Ida	RESIDENCE	Kootenai, ~~Wash~~ Ida
COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Fonda, Iowa	BIRTHPLACE	Ottawa, Ont.
OCCUPATION	Mill worker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd Wendle MD
(Physician or midwife)

Address Sandpoint, Ida

Filed Feb 6 1922 Floyd Wendle
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-108-009-681

PLACE OF BIRTH

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner
City of Sandpoint
No. ..... St. ..... Registration District No. 1f File No. 98297
Hospital Acty Primary Registration District No. 2135 Registered No. .....

FULL NAME OF CHILD Tsurushiso Yanagimoto
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Jan 8 1922

What bactericidal solution was used in eyes? Argyrol 5 o/o

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Shichi chi Yanagimoto	Chiyo Asaeki
RESIDENCE	Kootenai, Ida	Kootenai, Ida
COLOR	Yellow	Yellow
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	Shigaken, Japan	Shigaken, Japan
OCCUPATION	Railroad Man	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, **at** 9:30 P. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd Wendle M.D.
(Physician or midwife)

Address Sandpoint, Ida

Filed Feb 6 1922 Floyd Wendle
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 4 1954
AUG 9 1966
AUG 1 8 1969

632-220-009-796

PLACE OF BIRTH

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Kootenai, Ida.

No. ..... St.

Registration District No. 78 File No. 98298

Hospital ..... Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Anna May Olson
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan. 20, 1922

What bactericidal solution was used in eyes? Argyrol 50%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME John Leonard Olson	FULL MAIDEN NAME Helen Gifford
RESIDENCE Kootenai	RESIDENCE Kootenai, Ida
COLOR W	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Valley City, N. D.	COLOR W.
OCCUPATION R.R. Switchman	AGE AT LAST BIRTHDAY 31 (Years)
	BIRTHPLACE Latah, Wash
	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:35 A. M. on the date above stated.

(Signature) Floyd Wendle M.D.

(Physician or midwife)

Address Sandpoint, Ida.

Filed Feb 6 1922 Floyd Wendle R.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 6 1975

663-122-009-263

PLACE OF BIRTH

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98299

County of Bonner

City of Sandpoint

No. ____ St.

Hospital City Hospital

Registration District No. 76

Primary Registration District No. 2155

File No. ____

Registered No. ____

FULL NAME OF CHILD Calvin Oscar Folty

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Jan 22 1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Calvin Austin Folty	FULL MAIDEN NAME	Louise Koch
RESIDENCE	Kootenai Ida	RESIDENCE	Kootenai
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Elma, Wash.
OCCUPATION	Fireman locomotive	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ____ M. on the date above stated.

(Signature) Floyd Wendle, MD.

(Physician or midwife)

Address Sandpoint, Ida

Filed Feb 6 1922 Floyd Wendle

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/27/41 L. B.

SEP 24 1942

249-115-009-365

PLACE OF BIRTH

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sagle

No. — St.

Registration District No. 78 File No. 98300

Hospital —

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Marion Eldon Burns.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	Jan 15 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth

Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	Eldon Burns	FULL MAIDEN NAME	Henrietta Long.
RESIDENCE	Sagle.	RESIDENCE	Sagle.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Canada.	BIRTHPLACE	Montana
OCCUPATION	Farmer.	OCCUPATION	Hwf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Mrs Anne McConnell

Sagle, Idaho
(Physician or Midwife)

Address Sagle Idaho

Filed Feb 6 1922 Floyd Wendle
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

994-129-009-861

PLACE OF BIRTH

RECEIVED FEB 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 501 S. Lavina St.

Registration District No. 78 File No. 98301

Hospital

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD James Lewis Riddle
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Jan. 29 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Robert Wilson Riddle	FULL MAIDEN NAME	Jennie Ruth Hoadley
RESIDENCE	Sandpoint 501 Lavina	RESIDENCE	501 S Lavina Sandpoint
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Bozeman, Mont.	BIRTHPLACE	Long Prairie Minn
OCCUPATION	Traveling Man	OCCUPATION	Hwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1.00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse
M.D.
(Physician or midwife)

Address Sandpoint

Filed Feb 6 1922 Floyd Wendle
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 5 1952

692 - 221 - 009 - 393

PLACE OF BIRTH

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98302

County of Bonner

City of Sandpoint

No. 424 Superior St.

Registration District No. 18 File No.

Hospital

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Florence Frances Fish.

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Jan. 21 1922

What bactericidal solution was used in eyes? Arg. nol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Frank Fish.	FULL MAIDEN NAME	Myrtle M. Tillon
RESIDENCE	Cabinet	RESIDENCE	Cabinet
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE		BIRTHPLACE	New Bedford Mass.
OCCUPATION	Rancher.	OCCUPATION	Housework.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse M.D.

(Physician or midwife)

Address Sandpoint.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Feb 6 1922 Floyd Wendle
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 5 1944

335-228-009-962

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED FEB 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of

Registration District No. 78 File No. 98303

No. St.

Primary Registration District No. 2155 Registered No.

Hospital

FULL NAME OF CHILD Eva Julia Clement

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Jany 28 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Clement	FULL MAIDEN NAME	Myrtle Robertson
RESIDENCE	Careywood, Ida.	RESIDENCE	Careywood, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Wash.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address Rathdrum Idaho

19

Filed Feb 6 1922 Floyd Wendle

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 2 1965

553-218-009-533

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 21 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital City

Registration District No. 78

Primary Registration District No. 2155

File No. 98304

Registered No. .....

FULL NAME OF CHILD Betty Lou Nelson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	1-18-1922

What bactericidal solution was used in eyes? Ag NO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	William Robert Nelson	FULL MAIDEN NAME	Elsie Elliot
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Oregon
OCCUPATION	R.R. Brakeman	OCCUPATION	Hon

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11.30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M R Wallentine

Physician
(Physician or midwife)

Address Sandpoint

Filed Feb 6 1922 Floyd Wendle
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 15 1943

215-227-009-629

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Laclede

No. 1 6" St.

Registration District No.

File No. 98305

Primary Registration District No.

Registered No.

Hospital x x x

FULL NAME OF CHILD Lillian Mary Savoy

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	—	7th	Yes	Jan 27 22 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jno Peter Savoy	FULL MAIDEN NAME	Mary O'Brien
RESIDENCE	Laclede	RESIDENCE	Laclede Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Green Bay Wis	BIRTHPLACE	Austin Minn
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 30 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Didier MD

(Physician or midwife)

Given names added from a supplemental report.

x x x x x 19

x x x x x

Address Laclede Ida

Filed Feb 6 1922 F W Didier

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 3 1973

JUL 10 1944

296-203-009-269

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

98307

CERTIFICATE OF BIRTH

County of Bonner
City of Priest River Ida
No. ..... St. Registration District No. 85 File No. 3
Hospital ..... Primary Registration District No. 2185 Registered No. 125

FULL NAME OF CHILD Hilda Mae Brown
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Jan (Day) 3 (Year) 1922
Female		Yes	

What bactericidal solution was used in eyes? Argyrol 20 %

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Edd E. Brown	FULL MAIDEN NAME	Etta Sorenson
RESIDENCE	Priest River Ida	RESIDENCE	Priest River Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:35 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C. P. Getzlaff
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Priest River Ida

Filed Feb 1 1922 C. P. Getzlaff Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

513-112-009-513

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98308

County of Bonner

City of Priest River Ida

No. ..... St. Registration District No. 85 File No. 3

Hospital ..... Primary Registration District No. 2185 Registered No. 126

FULL NAME OF CHILD Gabriel Naccarato
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Jan 12 1922

What bactericidal solution was used in eyes? Gl 2 gr 20 %

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

FATHER		MOTHER	
FULL NAME	Tony Naccarato	FULL MAIDEN NAME	Cornella Naccarato
RESIDENCE	Priest River Ida	RESIDENCE	Priest River Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C. P. Getzlaff
Physician
(Physician or ~~midwife~~)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Priest River Ida

Filed Feb. 1 1922 C. P. Getzlaff Registrar.

...E PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-214-009-281

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH [redacted]

County of Bonner

City of Priest River

No. [redacted] St.

Registration District No. 85

File No. [redacted]

Hospital Priest River

Primary Registration District No. 2185

Registered No [redacted]

FULL NAME OF CHILD Sylvia Corrine
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		NO.	Jan 14 1922

What bactericidal solution was used in eyes? Silver nitrate 1%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	~~William Whetsler~~	FULL MAIDEN NAME	Agnes Shannon
RESIDENCE		RESIDENCE	Priest River,
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR	White AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE		BIRTHPLACE	MO.
OCCUPATION		OCCUPATION	None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.30 A. M. the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

names added from a supplemental report.

....., 192....

Registrar.

Address Priest River, Ida.

Filed Feb 1 1922 [signature] Registrar.

...er of birth stated.

AUG 26 1966

JUN 24 1947

OCT 7 1958

[redacted]

893-217-009-294

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 98210

County of Bonner
City of Newport
No. ____ St.
Hospital ____

Registration District No. 85 File No. 3
Primary Registration District No. 2185 Registered No. 128

FULL NAME OF CHILD Maysie Louise Hill
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 17 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 3rd Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Walter Merton Hill	FULL MAIDEN NAME	Pearl May Simpson
RESIDENCE	Newport Ida	RESIDENCE	Newport Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Pa	BIRTHPLACE	Dayton, Wash
OCCUPATION	Woodsman	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Jan 17 1922 at 5:30 P M. (Born alive or [redacted]) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. W. S. Burwell
Newport Wash
(Physician or [redacted])

Address ____

Filed Feb 1 1922

Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 8 1984

212-123-009-331

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98311

County of Bonner
City of Priest River Ida
No. ..... St.
Registration District No. 83 File No. 3
Hospital ..... Primary Registration District No. 2185 Registered No. 129

FULL NAME OF CHILD ATHOOD Whitney Babbitt.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes.	June 23 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Richard Babbitt.	FULL MAIDEN NAME	Olive Clark.
RESIDENCE	Priest River Ida	RESIDENCE	Priest River Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) Dr. G. P. Metzloff M.D.
Physician
(Physician or midwife)
Address Priest River Ida
Filed Febr. 1 1923 [illegible] Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...ADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Klickitat

Certificate No. 98311
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Atwood Whitney Babbitt (Name on original certificate) who was born (Was born or died) on Jan. 23, 1942 (Date of event)
in Priest River, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by record (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Whitney Babbitt	Atwood Whitney Babbitt

Subscribed and sworn to before me this 7th
day of January, 1942

Signed Olive Clark Babbitt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Goldendale, Wash.
My commission expires June 18, 1942
[SEAL]

C. A. Knowles
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Klickitat

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th
day of January, 1942

Signed Herman E. Schmutzer
(Signature of any credible person other than the previous affiant.)

C. A. Knowles
Notary Public, residing at Goldendale, Wash.
My commission expires June 18, 1942
[SEAL]

Klickitat, Wash.
(Street Address, City, State)

Received for filing on 1942 By
(Registrar's signature)

1942

MAR 3 0 1970

653-129-009-251

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 98312

County of Bonner
City of Priest River
No. ____ St.
Registration District No. 85 File No. 8
Hospital ____ Primary Registration District No. 7185 Registered No. 130

FULL NAME OF CHILD LaVerne MERTON Hellman
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Jan 29 1922

What bactericidal solution was used in eyes? Argyrol 25%.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Lewis M. Hellman	FULL MAIDEN NAME	Clara Beamis
RESIDENCE	Priest River Ida.	RESIDENCE	Priest River Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Kan	BIRTHPLACE	Wash.
OCCUPATION	Woodsman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) Dr. G. P. Fitzgaff
Physician
(Physician or midwife)

Address Priest River Ida.

Filed Febr 1 1922

Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...RITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. 98312

FEB 5 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for LaVerne Wellman (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Jan. 29, 1922 (DATE OF EVENT) in Priest River, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Old Family Bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 1929 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	LaVerne Wellman	La Verne Merton Wellman

Subscribed and sworn to before me this 3 day of Feb, 19 42

Winnifred McPherson

Notary Public, residing at Spokane

My commission expires Aug 7-1944

(SEAL)

Signed Mrs Clara Wellman

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1306 W. Euclid Spokane, Wash.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of Feb, 19 42

Winnifred McPherson

Notary Public, residing at Spokane

My commission expires Aug 7-1944

(SEAL)

Signed Mrs Ruth Jones

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1408 W. Euclid Spokane Wash

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 5 1942 By

(REGISTRAR'S SIGNATURE)

FEB 13 1942

285-228-010-955

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls, Idaho

Registration District No. 73 File No. 98315

No. ..... St.

Primary Registration District No. 2150 Registered No. 14

Hospital .....

FULL NAME OF CHILD Neva Marie Sherman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan (Month) 28 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	James R. Sherman	FULL MAIDEN NAME	Lena Reed
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Idaho Falls, Idaho

Filed 1/24 1922 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 8 1956

367-224-010-695

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls, Idaho

Registration District No. 73 File No. 98316

No. ..... St.

Primary Registration District No. 2120 Registered No. 17

Hospital .....

FULL NAME OF CHILD Ruth Charlotte Cox.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Jan (Month) 24 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Cox	FULL MAIDEN NAME	Esther French
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Nebraska
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5/20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls, Idaho

Filed 1/26 1922 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAR 7 - 1922

BUREAU OF VITAL STATISTICS

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls Idaho

Street: 474 - 9 - St.

County: Bonneville

File Number: 98316

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Jan 24 192 2

Father: Joseph Henry Cox (Full Name)

Mother: Esther Rebecca French (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ruth Charlotte Cox. (Child's Name in Full)

Joseph Henry Cox. (Signature of Father or Mother)

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

318-220-010-191

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls, Idaho.

Registration District No. 73 File No. 98317

No. ..... St.

Primary Registration District No. 215-0 Registered No. 16

Hospital .....

FULL NAME OF CHILD Mandel Taylor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan (Month) 20 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Chester G. Taylor	FULL MAIDEN NAME	Lara Arave
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7/40 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls, Idaho.

Filed 1/21 1922 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 -

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office in accordance to have the full name included in the record. Kindly fill in the information requested in the blanks below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls

Street:

County: R. 7 D. 3

File Number: 98317

Registration Dist. No.: 10

Sex of Child: Female

Date of Birth: Jan 20 192[illegible]

Father: Chester G. Taylor (Full Name)

Mother: Lana Cordell Crane (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Maudel Taylor (Child's Name in Full)

Mrs. Lana Taylor Chester G. Taylor (Signature of Father or Mother)

FILED

APR 2 6 1973

FEB 4 1943

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
OR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

th registration is part of every child's birthright.
establishes legally the date of the child's birth, parentage
macy.
enables the Public Health Nurse to make sure the child has
cted from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

The correct age for purposes of school attendance.
Employment.
Protection under the law.
Military and jury duty.
Right to travel unmolested in foreign lands.
Right to vote.
Right to receive pensions and inherit property.
Furnishes acceptable evidence of genealogy.
Right to get married.
Just at this time while many of the Ex-Service men are com-
furnish certified copies of certificates of birth, it is im-
it the certificates be filed with the BUREAU OF VITAL STATIS-
he same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

155-217-010-219.

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of IdahoFalls

No. ..... St.

Hospital .....

Registration District No. 73

File No. 98318

Primary Registration District No. 2170

Registered No. IV-

FULL NAME OF CHILD Dorthyann Jenkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Jan (Month) 17 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Chas. David Jenkins	FULL MAIDEN NAME	Clara B. Barger
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Park Co. Ill.	BIRTHPLACE	Park Co. Ill.
OCCUPATION	Clerk in Cigar Store	OCCUPATION	House keeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:30 PM. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Osteopath
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Idaho Falls, Idaho

Filed 1/20 1922 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866-213-010-253

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of IDAHO FALLS — Registration District No. 73 — File No. 98320

No. ____ St. — Primary Registration District No. 2170 — Registered No. 13

Hospital

FULL NAME OF CHILD Retta HOWELL

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
FENALE			YES	1/13/22 (Month) (Day) 19 (Year)

FATHER	MOTHER
FULL NAME: REESE G HOWELL	FULL MAIDEN NAME: ESSIE M SECRIST
RESIDENCE: ELVA ST	RESIDENCE: IDAHO FALLS IDAHO
COLOR: WHITE	COLOR: WHITE
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: UTAH	BIRTHPLACE: IDAHO
OCCUPATION: LABORER	OCCUPATION: HOUSEWIFE

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was BORN ALIVE (Born alive or stillborn) on the date above stated. 5.40 A M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F J ERNEST M D

(Physician or midwife)

Address Idaho Falls, Ida

Given names added from a supplemental report.

19

Registrar

Filed 1/16 1922

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAR 7 1922

Boise, Idaho, ... 192 2

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Idaho Falls; Street Elva Street; County Bonneville

File Number 98320

Registration Dist. No. ——

Sex of Child Female

Date of Birth Jan 13 192 2

Father Russ G. Flowell (Full Name)

Mother Essie Marie Secrist (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named;

Retta Flowell
Child's Name in Full

Mrs. R. G. Flowell
Signature of Father or Mother

OVER

MAY 25 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

459 - 213 - 010 - 252

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BONNEVILLE

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 13 File No. 98321

Primary Registration District No. 2170 Registered No. 12

FULL NAME OF CHILD EVA MAY MEIEROTTO

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
FEMALE				YES	1/13/22 19..

FATHER		MOTHER	
FULL NAME	ALBERT ERNEST MEIEROTTO	FULL MAIDEN NAME	FLORENCE N KESTER
RESIDENCE	R F D # 3	RESIDENCE	SAME
COLOR	WHITE	COLOR	WHITE
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	IOWA	BIRTHPLACE	OREGAN
OCCUPATION	FARMER	OCCUPATION	HOUSEWIFE

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was BORN ALIVE at 9.45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F J ERNEST M D
(Physician or midwife)

Address Idaho Falls Ida

Given names added from a supplemental report.

..... 19....

Registrar

Filed 1/16 1922

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 8 1942

613-212-010-493

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Registration District No. 73 File No. 98322

No. ..... St.

Primary Registration District No. 2170 Registered No. 11

Hospital SPENCER

FULL NAME OF CHILD Frances Genevieve WACKERLI

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
FEMALE				YES	1/12/22 19

FATHER		MOTHER	
FULL NAME	JOHN L WACKERLI	FULL MAIDEN NAME	FERN E MILLER
RESIDENCE	IDAHO FALLS 230 10 ST	RESIDENCE	SAME
COLOR	WHITE	COLOR	WHITE
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	IOWA	BIRTHPLACE	OKLAHOMA
OCCUPATION	GROCERER	OCCUPATION	HOUSEWIFE

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was BORN ALIVE (Born alive or stillborn), at 11.10 A.M. on the date above stated.

(Signature) [signature] M.D.

(Physician or midwife)

Address Idaho Falls Ida

Filed 1/16 19 22 [signature] Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
MAR 16 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls, Ida.
Street: 270 10th St.
County: Bonneville

File Number: 98322

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Jan. 12 1922

Father: John L. MacKerli (Full Name)

Mother: Verne Miller (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Frances Genevieve MacKerli
Child's Name in Full

Mrs. John MacKerli
Signature of Father or Mother

OCT 27 1942
OCT - 7 1942
MAR 17 1958

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

652-211-010-488

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls — Registration District No. 73 — File No. 98323

No. ____ St. — Primary Registration District No. 2170 — Registered No. 10

Hospital SPENCER

FULL NAME OF CHILD Betty Joyce WEBSTER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F MALE			YES	1/11/22 19

FATHER	MOTHER
FULL NAME: CLIFTON P WEBSTER	FULL MAIDEN NAME: BEULAH L MYHRE
RESIDENCE: IDAHO FALLS	RESIDENCE: IDAHO FALLS
COLOR: WHITE — AGE AT LAST BIRTHDAY: 23 (Years)	COLOR: WHITE — AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: UTAH	BIRTHPLACE: WISCONSIN
OCCUPATION: AETNA INSURANCE AGENT	OCCUPATION: HOUSEWIFE

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was BORN ALIVE (Born alive or stillborn), at 7.30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M D

(Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report. ____ 19____

Registrar

Filed 1/14 19 22 [signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 6 2018

OCT 15 1941

JUL 1 4 1942

345-209-010-643

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls, Idaho

No. ..... St.

Registration District No. 73 File No. 98325

Hospital ..... Primary Registration District No. 2150 Registered No. L

FULL NAME OF CHILD Afton Agnes Lunblade
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Jan 9 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Arthur Lunblade	FULL MAIDEN NAME	Fay Fullenwider
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Boone Co, Iowa	BIRTHPLACE	Ottawa Co. Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Soderquist
Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Filed May 13 1922 C. Kumans
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 23 1959

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

Registration District No. 1

File No. 98327

No. ..... St.

Primary Registration District No. 2120

Registered No. 4

Hospital Home

FULL NAME OF CHILD Mary Yamamoto

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Jan. 7 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	T. Yamamota	FULL MAIDEN NAME	Hatsu Yamamoto
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	yellow	COLOR	yellow
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:15 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Simmons

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Ucon Ida

Filed 1/12 1922 [signature] Registrar

..... Registrar

JUN 1 1964

Dup of 1922-191764

256-201
PLAC[redacted]
011-995

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary
City of Bonners Ferry
No. ..... St.
Hospital Bonners Ferry

Registration District No. 79
Primary Registration District No. 2156

File No. 98332
Registered No. .....

FULL NAME OF CHILD Ruth Marie Knoles
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Jan 1 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Leonard Arthur Knoles	FULL MAIDEN NAME	Myrtle Marie Irving
RESIDENCE	Bonners Ferry Ida	RESIDENCE	Bonners Ferry Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Colorado	BIRTHPLACE	~~Idaho~~ Minnesota
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rm Bowell
Physician
(Physician or midwife)

Address Bonners Ferry Idaho

Filed 1/3/1922. E.E.Fm.
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-106-011-363

PLACE OF BIRTH

County of Boundary.

City of Bonners Ferry.

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 79 File No. 98333

Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD Richard James Kelly.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? — (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Jan. 6 1922

What bactericidal solution was used in eyes? 1% Sol. AgNO3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Wm James Kelly	Daisy Collins
RESIDENCE	Bonners Ferry, Ida.	Bonners Ferry, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY	48 (Years)	34 (Years)
BIRTHPLACE	Minn.	Ill.
OCCUPATION	Logging Supt.	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician
(Physician or midwife)

Address Bonners Ferry, Ida.

Filed 1/8/1922. E. E. Fry
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

dc 11-19-40—p

MAR 25 1942

4454-115-011-691

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ____ St.

Registration District No. 79 File No. 98335

Hospital ____ Primary Registration District No. 315-6 Registered No. ____

FULL NAME OF CHILD Robert Harry Duncan
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	June 15 1922

What bacterioidal solution was used in eyes? 1% Sol. AgNO3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Clarence Ernest Duncan	Marion Medora Frankland
RESIDENCE	Bonners Ferry	Bonners Ferry, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	18	17
BIRTHPLACE	Wash.	Wash
OCCUPATION	Farmer	Farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
Physician
(Physician or midwife)

Address Bonners Ferry, Ida.

Give names added from a supplemental report.

....., 19.....

Filed 1/16/1922. [signature]
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 8 1943

445-118-011-419

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 2 1

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Registration District No. 79.

File No. 98336

Hospital .....

Primary Registration District No. 5156.

Registered No. .....

FULL NAME OF CHILD ~~[illegible]~~ Roy Martin Dunning
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Jan. (Day) 18 (Year) 1922
Male		Yes	

What bactericidal solution was used in eyes? 1% Soln. $AgNO_3$

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Wm F. Dunning	FULL MAIDEN NAME	Iva Pearl Markham
RESIDENCE	Bonners Ferry, Ida	RESIDENCE	Bonners Ferry, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	56	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	New York	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician
(Physician or midwife)

Address Bonners Ferry, Ida

Filed 1/20/ 1922 E. E. Fry
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 24 1990

247-218-011-168

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ____ St. ____

Registration District No. 79 File No. 98337

Hospital ____ Primary Registration District No. 3156 Registered No. ____

FULL NAME OF CHILD Edith Margaret Sugden
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes.	Jan 18 1922.

What bactericidal solution was used in eyes? 1% Sol. Ag NO3

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Roland Sugden	Sarah Johnson
RESIDENCE	Bonners Ferry, Ida.	Bonners Ferry, Ida
COLOR	white	White
AGE AT LAST BIRTHDAY (Years)	39	37
BIRTHPLACE	Ontario,	England
OCCUPATION	Laborer.	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry
Physician
(Physician or midwife)

Address Bonners Ferry, Ida.

Give names added from a supplemental report.

....., 19....

..... Registrar.

Filed 2/20/1922. E E Fry Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1922.

DUP OF 1922 339739

319-225-011-366

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Registration District No. 79 File No. 98338

Hospital Bonners Ferry Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD ~~Jean Carol~~ CAROL JEAN Carlson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	yes	Jan. 25 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% $AgNO_3$

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Sigfrid Carlson	FULL MAIDEN NAME	Clara Cooke
RESIDENCE	Bonners Ferry, Ida	RESIDENCE	Bonners Ferry, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Sweden	BIRTHPLACE	Minn.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Frey

Physician
(Physician or midwife)

Address Bonners Ferry, Ida

Filed 1/27/ 1922 E. E. Frey
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 17 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 98338

County of Nez perce } Date Filed May 15, 1943

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Jean Carol (Name on Original Certificate) who was born (Was Born or Died) on January 25, 1922 (Date of Event)

in Bonners Ferry, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by Baptismal Certificate (Bible Record, Insurance Policy, Etc.) prepared on June 8, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Jean Carol	Carol Jean Carlson

U. States of America } ss
District of Idaho

Subscribed and sworn to before me this 15th

day of May, 1943

Jan J. LeFebre
U. States Commissioner
~~Notary Public~~, residing at Dist. of Idaho, Central Division Lewiston, Idaho

My commission expires
(Seal)

Signed Clara M. Carlson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Star Rt. Lewiston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

U. States of America } SS
District of Idaho

~~State of~~ } ss.

~~County of~~

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th

day of May, 1943

Jan J. LeFebre
U. States Commissioner
~~Notary Public~~, residing at Dist. of Idaho Central Division Lewiston, Idaho.

My commission expires
(Seal)

Signed C. E. Wagner
(Signature of Any Credible Person Other Than Previous Year)

Lewiston Idaho.
(Street Address, City, State)

MAY 2 0 194

SEP 1 4 1954

236-130-012-79 [redacted]

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ~~Arco~~ Butte

City of Arco

No. ..... St.

Hospital .....

RECEIVED FEB 8 - 1922 BUREAU OF VITAL STATISTICS

Registration District No. 59 File No. 98340

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Harmon Putnam Scott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes.	1 - 30 - 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harvey Scott	FULL MAIDEN NAME	May Pittman
RESIDENCE	Berenice	RESIDENCE	Berenice
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Wash	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Hawf.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9.15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cannon

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Arco, Ida.

Filed 2-3-1922 F. M. Cannon Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Arco

Street: .....

County: Butte

File Number: 98340

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Jan. 30, 1922.

Father: Harvey Scott (Full Name)

Mother: Lillie Mae Rittman (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Harmon Putnam Scott

Child's Name in Full

Mrs. Harvey Scott

Signature of Father or Mother

OVER

DATE

SEP 8 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

918-203-012-433

Form V. S. No. 11-C—25m-7-21-19

RECEIVED FEB 8 1922 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Arco

Registration District No. 59 File No. 98341

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Donna Eulene Raymond

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Feb. 3 1922 (Month) (Day) (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
James Raymond		Eleanor McComb	
RESIDENCE	~~[illegible]~~ Howe	RESIDENCE	Howe
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hsw

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7.30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cannon

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Arco Ida

Filed 2-3-1922 F. M. Cannon Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

D
1922
F VITAL
STICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 - 1922 .....192...

67 Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Arco

Place of Birth — Street: .....

Place of Birth — County: Butte

File Number: 98341

Registration Dist. No: .....

Sex of Child: Female

Date of Birth: February 3 192 2.

Father: James Raymond (Full Name)

Mother: Eleanor Mc Comb Raymond (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Donna Eulene Raymond
Child's Name in Full

Mrs. James Raymond
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

619-203-012-593

RECEIVED FEB 8 1922

Amended June 22, 1964

(Be sure the information is complete and accurate)

State File No. 98342

Local Reg. No.

Reg. Dist. No.

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Butte

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moore

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Butte

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moore

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Reva b. (Middle): c. (Last): Waite

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): February 3, 1922

FATHER OF CHILD

7. FULL NAME a. (First): George b. (Middle): Albert c. (Last): Waite

8. COLOR OR RACE: White

9. AGE (At time of this birth): 28 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Wyo.

11a. USUAL OCCUPATION: Farming

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Olga b. (Middle): May c. (Last): Nichols

13. COLOR OR RACE: White

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Kentucky

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Mary E. Black, Midwife

18b. ATTENDANT AT BIRTH: M. D. [ ] MIDWIFE [XX] OTHER (Specify)

18c. ADDRESS:

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 2-6-1922

20. REGISTRAR'S SIGNATURE: F. M. Cannon

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

If not in the district where the birth occurred WITHIN 10 days after the date of birth, file to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DATE BROUGHT FORWARD TO CERTIFICATE FACE 02/03/2017 ICL
DATA ENTRY FATHER'S FIRST NAME IN VSADS 02/03/2017 ICL

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bir Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... **Induced?**.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Butte

OCT 22 1941

Certificate No. 98342
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for (Name on original certificate) who was born (Was born or died) on 3rd February 1922 (Date of event)
in Moore, Idaho, (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by bible record (Bible record, insurance policy, etc.) prepared on date of cristening (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Waite	Reva Waite
		Born - July 3, 1922
		at - MOORE, Idaho

Subscribed and sworn to before me this 21st
day of October, 1941

Notary Public, residing at Arco, Idaho,
My commission expires May 23rd, 1942.
[SEAL]

Signed Olga M. N. Waite Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

JUN 23 1964

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

6-22-64

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 98342

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Reva Waite (Name on Original Certificate) who was born (Was Born or Died) on Feb. 3, 1922 (Date of Event)

in Moore, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Maiden name of mother	Olga May Nickles	Olga May Nichols

Subscribed and sworn to before me this 22 day of June, 1964

Hazel L. Hurlbert

Notary Public, residing at Eagle, Ida.

My commission expires Sept 28, 1964

(Seal)

Signed Olga Nichols Waite

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P.O. Box 37, Arco, Ida.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

Another childs birth certificate gives name as Olga May Nichols..
Child born Feb. 15, 1925 # 159922.
Viewed by V. S.

Copy of family record gives mothers name as Olga May Nichols born
May 8, 1895. Record dated Aug. 22, 1909.
Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

County of B. Ca[redacted] CERTIFICATE OF BIRTH

BUREAU OF VITAL STATISTICS

City of Manard Registration District No. 58th File No. 98343

No. ..... St. Primary Registration District No. 2138 Registered No. .....

Hospital At Home

FULL NAME OF CHILD Dick Dixon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan (Month) 28 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	James H. Dixon	FULL MAIDEN NAME	Sarah E. Hurd
RESIDENCE	Manard Idaho	RESIDENCE	Manard Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Clifton Idaho	BIRTHPLACE	Snowville Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:20 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie C. Thurber

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Fairfield Idaho

Registrar

Filed 2-10 1922 L Wilencheck Registrar

APR 19 1963

12-12-41

719-212-013-512

Form V. S. ~~No. 11-C~~ 25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Camas

City of Fairfield

No. 2 miles N. St.
1 " W.

Registration District No. 58th File No. 98344

Primary Registration District No. 2138 Registered No.

Hospital

FULL NAME OF CHILD Lois Leone Gardner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		yes.	Jan. 12th 1922

FATHER		MOTHER	
FULL NAME	Alexander Gardner	FULL MAIDEN NAME	May Naser
RESIDENCE	Soldier Idaho.	RESIDENCE	Soldier, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 25 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Willencheck

Phys (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Fairfield Idaho.

Filed Jan. 17th 1922 L Willencheck Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

98344

State of Idaho } ss.
County of Gooding }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Lois Gardner (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Jan 12, 1922 (DATE OF EVENT)
in Soldier, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by memory (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Lois Gardner	Lois Leone Gardner

Subscribed and sworn to before me this 26th
day of January, 19 42

Earle Whitbeck

Notary Public, residing at Gooding, Idaho

My commission expires July 28, 1943
(SEAL)

Signed Mary Gardner Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Gooding, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed Mary Gardner
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on MAR 11 1942 By .....
(REGISTRAR'S SIGNATURE)

165 - 214 - 013 - 462

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98345

County of Camas

City of Fairfield

No. (at Home) St.

Registration District No. 58th File No.

Primary Registration District No. 2138 Registered No.

Hospital

FULL NAME OF CHILD Clara Rae Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Jan. 14th 1922

FATHER	MOTHER
FULL NAME: Ray G. Jones	FULL MAIDEN NAME: Clara Belle Mosier
RESIDENCE: Fairfield, Idaho	RESIDENCE: Fairfield Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Nebraska
OCCUPATION: Merchant	OCCUPATION: Housewife

Number of child of this mother, including present birth 2nd — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

(Signature) L W Ilencheck

Phys. (Physician or midwife)

Address Fairfield, Ida ho.

Filed Jan. 17th 1922 L W Ilencheck Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

296-215-013-331

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Camas

City of Fairfield

Registration District No. 58d

File No. 98346

No. ____ St.

Primary Registration District No. 2138

Registered No. ____

Hospital ____

FULL NAME OF CHILD Hazel Brown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl.				yes -	Jan. 15 1922

FATHER		MOTHER	
FULL NAME	Raymon N. Brown.	FULL MAIDEN NAME	Lottie Clark.
RESIDENCE	Fairfield. Ida.	RESIDENCE	Fairfield Ida.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Pleasant View Utah.	BIRTHPLACE	Provo Utah.
OCCUPATION	Farmer -	OCCUPATION	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Jan 15 1922, at 6 P.M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Hyrum Brown
Midwife
(Physician or midwife)

Given names added from a supplemental report.

____ 19____

Registrar

Address Chester Idaho.

Filed Feb 25d 1922 L Wilencheck
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

RECEIVED MAR 15 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Fairfield

Place of Birth — Street:

Place of Birth — County: Camas

File Number: 98346

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Jan. 15 192 2

Father: Raymon N. Brown. (Full Name)

Mother: Lottie Brown. (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Hope Brown.
Child's Name in Full

R. N. Brown.
Signature of Father or Mother

JAN 6 1964

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

316-224-014-154

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa Ida

No. 1102-12th ave S ~~St~~

Registration District No. _____

File No. 98348

Primary Registration District No. _____

Registered No. _____

Hospital _____

Full Name of Child Margaret Amanda ~~[illegible]~~ Lawrence

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
F		Yes	Jan 24 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Lawrence	FULL MAIDEN NAME	Blanche Andre
RESIDENCE	1102-12th ave S. NAMPA, IDAHO.	RESIDENCE	Same NAMPA, IDAHO.
COLOR	Black	COLOR	Black
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ida
OCCUPATION	Porter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 8 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M. D.
(Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address NAMPA, IDAHO

Registrar

Filed Feb 10 1922 [signature]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 9834 8

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Mandy	Margaret Amanda Lawrence

Subscribed and sworn to before me this 28th day of April 19 42

Harry W. Poulson
Notary Public, residing at Boise Idaho

My commission expires July 28, 1942
(Seal)

Signed Blanche Buckner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1116 Miller St. Boise Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of April 19 42

Harry W. Poulson
Notary Public residing at Boise Ida

My commission expires July 28, 1942
(Seal)

Signed Erma L. Madry
(Signature of Any Credible Person Other Than Previous Year)

1124 Grand Ave. Boise Ida
(Street Address, City, State)

JUL 2 1942

942 - 208-014-255

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. ____ File No. 98353

No. 719-17th Ave So St.

Primary Registration District No. ____ Registered No. ____

Hospital —

FULL NAME OF CHILD Virginia Marie Rueky

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—		—	yes	Feb 8 22

FATHER		MOTHER	
FULL NAME	Michael A. Rueky	FULL MAIDEN NAME	Julia Snell.
RESIDENCE	719-17th Ave So Nampa	RESIDENCE	719-17th ave So Nampa
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Wisconsin	BIRTHPLACE	Missouri
OCCUPATION	Contractor & Builder	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9-30 P. M. on the date above stated.

(Signature) Leo W Chilton, M.D.

(Physician or ~~midwife~~)

Address Nampa Idaho

Filed ____ 19 22

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 14 1944

391-104-014-681

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa Registration District No. 7 File No. 98354

No 814-1st No St.

Primary Registration District No. 14 Registered No.

Hospital —

FULL NAME OF CHILD Gordon Wayne Craig

Sex of Child	Twin / Triplet / or other? — (To be answered only in event of plural births)	and	Number in order of birth —	Legitimate?	Date of Birth (Month) Feb (Day) 4 (Year) 1922
male				yes	

FATHER		MOTHER	
FULL NAME	Harold Craig	FULL MAIDEN NAME	May Flakiff
RESIDENCE	814-1st St No Nampa	RESIDENCE	814-1st St. No. Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	California	BIRTHPLACE	Colorado
OCCUPATION	Operator, Movies	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:55 P M. on the date above stated.

(Signature) Lee W Chilton M.D.

(Physician or midwife)

Address Nampa, Idaho

Filed Nov. 13 1922 Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Nov. 25, 1940. [illegible]

512-104-014-859

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98355

County of Canyon

City of Nampa

Registration District No. ____ File No. ____

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital Mercy

FULL NAME OF CHILD Harry Nerada Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	Yes	Feb 4 1922

	FATHER	MOTHER
FULL NAME	Harry Nasu	FULL MAIDEN NAME Yukia Nerada
RESIDENCE	Nampa Ida 3rd St. & 1st Ave So	RESIDENCE Nampa Ida 3rd St & 1st Ave So
COLOR	Yellow	COLOR Yellow
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Japan	BIRTHPLACE Japan
OCCUPATION	Cook	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:20 A. M. on the date above stated.

(Signature) Leo N Chilton M.D.

(Physician or midwife)

Address Nampa Idaho

Filed ____ 19 22

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1921 - 143583

133-126-014-133

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

RECEIVED FEB 21 1922

No. 1113 4 st Nr St.

Registration District No. 7

File No. 98356

Hospital

Primary Registration District No. 1006

Registered No.

FULL NAME OF CHILD Warren Lloyd Allen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		yes	Jan 26 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 11th Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Joseph F. Allen	FULL MAIDEN NAME	Ella Nelson Allen
RESIDENCE	1113 4th W st. Nampa	RESIDENCE	1113 4th W St Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Franklin Idaho	BIRTHPLACE	Smithfield Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ella Nelson

[illegible]
(Physician or midwife)

Address Nampa

Filed Feb 15 1922 [illegible]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 22 1949

JUN 1 1948

767-KO-OKY-612

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 98357

County of Canyon

City of Nampa

No. ..... St. Registration District No. .....

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Glenn Arden Poppaw
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 10 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Glenn H. Poppaw	FULL MAIDEN NAME Elva Oakley
RESIDENCE Nampa Ida.	RESIDENCE Nampa, Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Indiana
OCCUPATION Rail Road Brakeman	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive **at** 7- A. M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Pardee
Physician
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed ..... 192 .....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 30 1941

852-102-014-336

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 1 1922

CERTIFICATE OF BIRTH

98358

County of Canyon
City of Nampa
No. ____ St. ____ Registration District No. ____ File No. ____
Hospital ____ Primary Registration District No. 1006 Registered No. ____

FULL NAME OF CHILD Paul Lee Hebdon
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Feb. 2 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Lorenzo Hebdon-Deceased	Ora Cloward
RESIDENCE	Nampa - Ida	Nampa, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	Wyoming	Utah
OCCUPATION	Barber	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born dead at 2-20 A. M.
(Born alive or stillborn)
on the date above stated.

(Signature) Geo. R. Proctor
Physician
(Physician or midwife)

Address ____

Filed 4-20-1922 Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 3 1943

413-105-014-366

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

RECEIVED FEB 1922 BUREAU OF VITAL STATISTICS

No. ..... St. Registration District No. 7 File No. 98359

Hospital ..... Primary Registration District No. 1036 Registered No. .....

FULL NAME OF CHILD Billy James Malman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Feb. 5 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Ben Malman	FULL MAIDEN NAME	Blanche Rose Coffman
RESIDENCE	Nampa, Ida.	RESIDENCE	Nampa, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Norway	BIRTHPLACE	Iowa
OCCUPATION	Baker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 6-45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo R Proctor
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address .....

Filed Feb. 10 1922 Leane Dolan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-110-014-791

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98360

County of Canyon

City of Nampa Registration District No. File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD XXXXXXXXXXXXXX Wilbur D. Brown

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Jan. 10 1922

FATHER		MOTHER	
FULL NAME	Clinton M. Brown	FULL MAIDEN NAME	Florence L. Frazier
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Iowa
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12-30 A.M. on the date above stated.

(Signature) Geo R Proctor
Physician
(Physician or midwife)

Address

Filed FEB 10 1922 Pearle Dodde
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 98360

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Geo. Wilbur Brown (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Jan 10, 1922 (DATE OF EVENT)
in Nampa, Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	George Wilbur Brown	Wilbur D. Brown

Subscribed and sworn to before me this 17th
day of April, 1942

Notary Public, residing at Boise Idaho

My commission expires 6-24-45
(SEAL)

Signed Mrs C M Brown
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

915-215-014-799

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED FEB 1922

County of Canyon

CERTIFICATE OF BIRTH

98361

City of Nampa

Registration District No. 7 File No.

No. St.

Primary Registration District No. 16 Registered No.

Hospital

FULL NAME OF CHILD Mildred Alene Rankin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Jan. 15 1922

FATHER

FULL NAME: Earl Reynolds Rankin
RESIDENCE: Nampa, Ida.
COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Illinois
OCCUPATION: Mechanic

MOTHER

FULL MAIDEN NAME: Ethel C. Grier
RESIDENCE: Nampa, Ida.
COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Illinois
OCCUPATION: Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 A.M. on the date above stated.

(Signature) Geo. R Proctor
Physician
(Physician or midwife)

Address

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

Filed Nov. 10 1922 Pearl Dozier
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 3 1942

OCT 7 1969

285 - 220-014-295

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7 File No. 98362

Primary Registration District No. 1006 Registered No. .....

FULL NAME OF CHILD Doris Frances Shenk

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan. (Month) 20 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Jacob B. Shenk	FULL MAIDEN NAME	Laura E. King
RESIDENCE	Nampa, Ida.	RESIDENCE	Nampa, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Auctioneer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8-15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Feb. 10 1922 Pearle Gaids Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-221-014-744

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7 File No. 98363

No. ..... St.

Primary Registration District No. 1000 Registered No. .....

Hospital .....

FULL NAME OF CHILD Wana Patience Harper

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Jan. (Month) 21 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Thomas Kelso Harper	FULL MAIDEN NAME	Lola B. Gum
RESIDENCE	Nampa, Ida.	RESIDENCE	Nampa, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Montana
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo R Proctor

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed Feb. 10 1922 Searle Dodds Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 4 1943

133-225-014-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98364

RECEIVED FEB - 1 1922 BUREAU OF VITAL STATISTICS

County of Canyon

City of Nampa Registration District No. 7 File No.

No. St.

Primary Registration District No. 1006 Registered No.

Hospital

FULL NAME OF CHILD Helen Irene Alcorn

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? yes | Date of Birth Jan. 25 (Month) (Day) 1922 (Year)

FATHER

FULL NAME Fred Alcorn

RESIDENCE Nampa - Idaho

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Illinois

OCCUPATION Teamster

MOTHER

FULL MAIDEN NAME Lena Clara Wilkinson

RESIDENCE Nampa - Ida.

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10-05 A M. on the date above stated.

(Signature) Geo. K. Proctor

Physician (Physician or midwife)

Address

Filed FEB. 10 1922 Searle Isaac Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866-2[redacted]4-847

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon FEB 1 1922

City of Nampa — Registration District No. 7 File No. 98365

No. ____ St.

Primary Registration District No. 1006 Registered No. ____

Hospital ____

FULL NAME OF CHILD Olive Claudine Howard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Jan. 27 1922

FATHER		MOTHER	
FULL NAME	Otis Howard	FULL MAIDEN NAME	Sadie Hughes
RESIDENCE	Nampa - Ida.	RESIDENCE	Nampa - Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Idaho
OCCUPATION	General Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10 - P. M. on the date above stated.

(Signature) Geo R. Proctor

Physician (Physician or midwife)

Address ____

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Filed Feb. 10 1922 Pearle Dodds Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 11 1959

DEC 22 1942

688-131-014-551

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

RECEIVED FEB 21 1922 BUREAU OF VITAL STATISTICS

Registration District No. ..... File No. 98366

No. ..... St.

Primary Registration District No. 2004 Registered No. .....

Hospital .....

FULL NAME OF CHILD Raymond D. White

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan. (Month) 31 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Forest Andrew White	FULL MAIDEN NAME	Hazel Evans
RESIDENCE	Weiser, Ida.	RESIDENCE	Weiser, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9-50 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo R. Proctor

Physician (Physician or midwife)

Given names added from a supplemental report.

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Registrar

Address .....

Filed Feb. 18 1922 Searle Dodds Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 23 1960

FEB 9 1915

FEB 1915

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

715 - 230 - 014 - 842

PLACE OF BIRTH

RECEIVED FEB 21 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98367

County of Canyon

City of Nampa Registration District No. 7 File No.

No. Deer Flat St.

Primary Registration District No. 2000 Registered No.

Hospital

FULL NAME OF CHILD Frieda Fae Farley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Jan. 30 1922

FATHER		MOTHER	
FULL NAME	Thomas H. Farley	FULL MAIDEN NAME	Anna Russell
RESIDENCE	Nampa - Deer Flat	RESIDENCE	Nampa - Deer Flat
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Tennessee
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11-15 A. M. on the date above stated.
(Born alive or stillborn)

(Signature) Geo. R. Proctor

Physician
(Physician or midwife)

Address

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

Filed Feb. 10 1922 Registrar

JUN 30 1954 JUN 30 1954

284-128-014-714

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED FEB 21 1922

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. R-# 4 St.

Registration District No. 7 File No. 98368

Primary Registration District No. 2056 Registered No.

Hospital

FULL NAME OF CHILD Ernest Henry Shultz

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan. (Month) 28 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Julius C. Shultz	FULL MAIDEN NAME	Nellie Paulson
RESIDENCE	Nampa, R-#4	RESIDENCE	Nampa, R-#4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	60 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7-30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo R. Proctor

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Feb. 10 1922 Pearle D. [illegible] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215-228-014-9SFD

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

FEB 21 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7 File No. 98369

No. ..... St.

Primary Registration District No. 2006 Registered No. .....

Hospital Mercy

FULL NAME OF CHILD Helen Irene Kane

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Jan. (Month) 28 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Wm. A. Kane	FULL MAIDEN NAME	Mildred Read
RESIDENCE	Oreana, Ida.	RESIDENCE	Oreana, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Illinois	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Feb. 18 1922 Searle Dodds Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

592-110-014-849

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED FEB 21 1922 VITAL

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. R.-#5 St.

Registration District No. 7 File No. 98370

Primary Registration District No. 2006 Registered No.

Hospital

FULL NAME OF CHILD Walter ~~Jelte~~ Jelte Visser

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan. (Month) 10 (Day) 1922 (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
Walter J. Visser	Wouter J.	Alta Huisinga	Asltje
RESIDENCE	Nampa - R.-#5	RESIDENCE	Nampa - R.-#5
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Holland	BIRTHPLACE	Holland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9-45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo R Proctor

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Feb. 10 1922 Lewis Isaac Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

643-224-014-819

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. R# 4 St.

Registration District No. 7 File No. 98371

Primary Registration District No. 2000 Registered No.

Hospital —

FULL NAME OF CHILD Ila Marie Odle

Sex of Child	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Jan (Month) 24 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Earl Odle	FULL MAIDEN NAME Lena Harrison
RESIDENCE R#4 Nampa Ida	RESIDENCE R#4 Nampa Idaho
COLOR White AGE AT LAST BIRTHDAY 25 (Years)	COLOR White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Pennsylvania
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9 40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W Chilton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Nampa Idaho

Filed Nov. 10 1922 Lear [illegible]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

994-211-014-557

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Bowmont

No. ____ St.

Registration District No. ____ File No. 98372

Hospital ____ Primary Registration District No. 2 Registered No. ____

FULL NAME OF CHILD Alta Marie Zimmerman
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan. 11 1922

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Elbert C. Zimmerman	FULL MAIDEN NAME	Nora Estella Negley
RESIDENCE	Bowmont	RESIDENCE	Bowmont
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Penn.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7:00 a. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. S. Fink M. D.
M. D.
(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed ____ 1922 ____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 12 1959

249-230-014-385

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98374

County of Canyon RECEIVED
City of Melba FEB 21 1922
No. BUR. Registration District No. 7 File No.
Hospital Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD Adelle Marie Smith
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Jan 30 1922 (Month) (Day) (Year)

What bacterioidal solution was used in eyes? Argyrole 10%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Richard Sannis Smith	FULL MAIDEN NAME	Beulah Lynch
RESIDENCE	Melba, Id	RESIDENCE	Melba, Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Oregon
OCCUPATION	Carpenter	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 - A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swayne
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Melba, Id

Filed Feb 10 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1922-331330

819-227-014-817

PLACE OF BIRTH

RECEIVED
FEB 21 1922
VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of [illegible]

City of [illegible]

No. ..... St.

Hospital .....

Registration District No. 7 — File No. 98376

Primary Registration District No. Glenn 226 — Registered No. .....

FULL NAME OF CHILD Margaret Harlow
(Certificate of no value without full name of child.)

Sex of Child: Female | Twin, Triplet or other? | and Number in order of birth
(To be answered only in event of plural births)

Legitimate? Yes

Date of birth: Jan. 27 (Month) (Day) 1922 (Year)

What bacterieidal solution was used in eyes? 10% Argyrole

Number of child of this mother, including present birth 3 — Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: King John Harlow	FULL MAIDEN NAME: Edith May Haggett
RESIDENCE: Melba, Ida	RESIDENCE: Melba, Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Virginia	BIRTHPLACE: Oregon
OCCUPATION: Farmer	OCCUPATION: House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel W. Swayne

Melba, Ida
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Feb. 21 1922

[illegible]
Registrar.

4/7/41 L. B.

863 - 219 - 014 - 689

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

No. _____ St.

Hospital Home

Registration District No. 9 File No. 98377

Primary Registration District No. 2007 Registered No. 4

FULL NAME OF CHILD Barbara Bernice Holverson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan (Month) 19 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Clyde Holverson	FULL MAIDEN NAME	Hazel Whitted
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Bruneau Ida	BIRTHPLACE	Genesee Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

1 yr 2 yrs 3 used

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Brach
M. D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Wilder Ida

Filed 2-10 1922 Luke Waldrop
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Wilder

Street:

County: Canyon

File Number: 98377

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Jan. 19 192 2

Father: Clyde Holverson (Full Name)

Mother: Hazel Whitted (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Barbara Bernice Holverson
Child's Name in Full

Mrs. Clyde Holverson
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

859-221-014-854

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

No. ..... St.

Hospital Home

Registration District No. 3 File No. 98378

Primary Registration District No. 2007 Registered No. 6

FULL NAME OF CHILD Iva Elizabeth Heizer

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Jan (Month) 21 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	CONKLIN Roscoe Heizer	FULL MAIDEN NAME	Susie Heddin
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ness Kansas	BIRTHPLACE	Carrel Ida.
OCCUPATION	Laborer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 40 p M. on the date above stated.

10/0 ag no 3 used

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Boeck

M. D.
(Physician or midwife)

Address Wilder Ida

Given names added from a supplemental report.

..... 19....

Registrar

Filed 2-10 1922 Lulu Waldrop
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — ~~City~~ Fargo

Street .....

County Canyon

File Number 98378

Registration Dist. No. .....

Date of Birth Jan. 21, 1922.

Sex of Child Female

Father Roscoe Conklin Steizer (Full Name)

Mother ~~Grace~~ Susie Hedden, ~~Steizer~~ (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Iva Elizabeth Steizer
Child's Name in Full

Roscoe C. Steizer
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

494-121-014-864

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. 3 File No. 98379

No. ..... St.

Primary Registration District No. 2007 Registered No. 7

Hospital Home

FULL NAME OF CHILD Verl Ward Middlesworth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan (Month) 21 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Fred Edwin Middlesworth	FULL MAIDEN NAME	Dora Yoder.
RESIDENCE	Parma R III	RESIDENCE	Parma R III
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Missouri.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 15 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Boeck M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Wilder Ida

Filed 2-10 1922 Lulu Waldrop Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
MAR 13 1922
BUREAU OF VITAL
STATISTICS

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Wilder

Street:

County: Canyon

File Number: 98379

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Jan. 21 192.2

Father: Fred Edward Middlesworth (Full Name)

Mother: M. Dora Yoder (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Verl Ward Middlesworth
Child's Name in Full

Mrs. F. E. Middlesworth
Signature of Father or Mother

OVER

MAY 29 1940

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, pa and legitimacy.

It enables the Public Health Nurse to make sure the chi been protected from danger of blindness and other infectio at

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are pelled to furnish certified copies of certificates of birth, it i portant that the certificates be filed with the BUREAU OF VITAL S TICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

296-115-014-215

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98380

County of Canyon

City of Wilder

Registration District No. 8 File No.

No. St.

Primary Registration District No. 2007 Registered No. 8

Hospital Home

FULL NAME OF CHILD Maurice Henry Brown

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Jan 15 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Scott Brown	FULL MAIDEN NAME	Mildred Banks
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Cutler Ill	BIRTHPLACE	Coffeeville Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 45 p M. on the date above stated.

1% ag Nos used

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Bock M D.

(Physician or midwife)

Address Wilder Ida

Given names added from a supplemental report.

19

Registrar

Filed 2-10 1922 Lulu Waldrop Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 9 1911

213-229-014-266

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. 8

File No. 98381

No. ..... St.

Primary Registration District No. 2007

Registered No. 5

Hospital Home

FULL NAME OF CHILD Helen Markwood Batt

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Jan (Month) 29 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	P. G. Batt	FULL MAIDEN NAME	Cornelia Bowers
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Salem Oregon	BIRTHPLACE	Harrisonberg Va.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 50 a M. on the date above stated.

1 To ggnos used.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Borch

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Wilder Ida

Filed 2-10 1922 [illegible]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

119-214-014-127

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
No. 11—25m-6-18

CERTIFICATE OF BIRTH [redacted] 3382

County of _____

City of _____

Registration District No. 3

No. _____ St.

Primary Registration District No. 1007

Hospital _____

Full Name of Child Cecelia M. Aarland

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female			Yes	Jan. 14 1922

FATHER		MOTHER	
FULL NAME	Lars B. Aarland	FULL MAIDEN NAME	Eva Asp
RESIDENCE	Parma - R #3	RESIDENCE	Parma R #3
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Norway	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8-3 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [redacted] MD

(Physician or midwife)

Address Parma Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 2-10 1922 Lulu Waldrop

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

... STANDING INK—THIS IS A PERMANENT RECORD

[redacted]

H - PLACE OF BIRTH

Dup of 1922-407343

19-103-014-893

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma RD 2

Registration District No. 9

File No. 98383

No. ..... St.

Primary Registration District No. 2007

Registered No. 1

Hospital .....

Full Name of Child Therel Cornell Jarman

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	DATE OF BIRTH
male		yes	Jan 3 19 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Aquila Jarman	FULL MAIDEN NAME	Laura Hill
RESIDENCE	Parma R.D.	RESIDENCE	Parma R.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Parma

Filed Feb 10 1922 Lulu Walchop

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1[illegible] 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAR 7 - 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Parma.

Place of Birth — Street: .....

Place of Birth — County: Canyon.

File Number: 98383

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Jan 3th 1922

Father: Aquila Jarman. (Full Name)

Mother: Laura Hill. (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Theral Cornell Jarman. (Child's Name in Full)

Mrs A. H. Jarman. (Signature of Father or Mother)

MAY 24 1951 AUG 10 1965

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

213-105-014-281

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98387

County of Canyon

City of 10 mi South of Caldwell

Registration District No. 3 File No.

No. Rur. Rt. St.

Primary Registration District No. 2095 Registered No. 8

Hospital

FULL NAME OF CHILD Herbert Junior Salisbury

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Member in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	1-5-22

FATHER	MOTHER
FULL NAME: H L Salisbury	FULL MAIDEN NAME: Anna Stites
RESIDENCE: 10 miles SW of Caldwell	RESIDENCE: Same
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years): 46	AGE AT LAST BIRTHDAY (Years): 36
BIRTHPLACE: Wisconsin	BIRTHPLACE: Colorado
OCCUPATION: Farming	OCCUPATION: Housework

Number of child of this mother, including present birth: 10 Number of children of this mother now living, including present birth: 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 30 P.M. on the date above stated.

(Signature) L D Stewart

(Physician or midwife)

Address Caldwell Ida

Filed Feb 19 22

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

712-109-014-213

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. R.F.D. # 1 St.

Registration District No. 3 File No. 98388

Primary Registration District No. 2005 Registered No. 9

Hospital

FULL NAME OF CHILD Gerald Sloan Post

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			4th	Yes	Jan. 9th 1922

FATHER		MOTHER	
FULL NAME	Brunnie W. Post	FULL MAIDEN NAME	Vera Arbon Ballman
RESIDENCE	Notus Idaho	RESIDENCE	Notus, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Stanton, Kentucky	BIRTHPLACE	Castatia, Iowa
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) C. R. Whittenberger M.D.
(Physician or midwife)
Caldwell - Idaho
Address

Filed Jan. 15 1922 John L. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5 1942

792-209-014-445

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

FEB 21 1922

Registration District No. 3 File No. 98389

No. ..... St.

Primary Registration District No. 2005 Registered No. 10

Hospital Home

FULL NAME OF CHILD Violet Bernice Gibson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan (Month) 9 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	J W Gibson	FULL MAIDEN NAME	Maud Dunn
RESIDENCE	Huston RII	RESIDENCE	Huston RII
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	96 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Cove Ore	BIRTHPLACE	La Grande Ore
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Bouch
M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Wilder Ida

Filed Jan (18) 19 1922 John H. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 24 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Wilder

Street: R.F.D. #1

County: Canyon

File Number: 98389

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Nov. 20 1921

Father: J. V. Gilson (Full Name)

Mother: Maud May Dunn (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Violet Bernice Gilson

Child's Name in Full

J. V. Gilson

Signature of Father or Mother

MAR 20 1945

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

556-209-014-275

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED FEB 2 1922 BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. 3 File No. 98390

No. ..... St.

Primary Registration District No. 2005 Registered No. 11

Hospital Home

FULL NAME OF CHILD Edna Newland

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Jan (Month) 9 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	W Newland	FULL MAIDEN NAME	Mabel Spencer
RESIDENCE	Huston RII	RESIDENCE	Huston RII
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Caldwell Ida	BIRTHPLACE	Alvinna Kansas
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

1% Gnoy rec'd.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.50 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Brock

M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Wilder Ida

Filed Jan. 18 1922 John V. Meyers Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

RECEIVED MAR 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Huston; Street; County Canyon

File Number 98390

Registration Dist. No.

Date of Birth Jan 9th 1922

Sex of Child Female

Father Wm Newland (Full Name)

Mother Mabel M Spencer (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Edna Newland
Child's Name in Full

Mabel Newland
Signature of Father or Mother

MAR 2 9 1943

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

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It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

635-110-014-493

PLACE OF BIRTH

Amended April 15, 1959

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of _____

No. _____ St.

Registration District No. 3 File No. 98391

Hospital _____ Primary Registration District No. 2005 Registered No. 12

FULL NAME OF CHILD Robert Ernest Fletcher
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.				Yes	Jan. 10 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

FATHER		MOTHER	
FULL NAME	John F. Fletcher	FULL MAIDEN NAME	Ethel A. Dicus
RESIDENCE	Middleton, R.F.D.	RESIDENCE	Middleton, R.F.D.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Texas	BIRTHPLACE	Wash.
OCCUPATION	Retired	OCCUPATION	H.Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C.W. Hall, M.D.

(Physician or midwife)

Address Star, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Feb. 7 1922 John S. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Social Security Account Number 519-14-2469; shows name as Robert Ernest Fletcher; Honorable Discharve from the U.S. Navy, shows name as Robert Ernest Fletcher, dated February 7th, 1946. Viewed by V.S.

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 98391

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Robert Wayne Fletcher (Name on Original Certificate) who was born (Was Born or Died) on Jan. 10, 1922 (Date of Event)

in Canyon Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	Robert Wayne Fletcher	Robert Ernest Fletcher

Subscribed and sworn to before me this 1 day of April 1959

Hazel L. Hurlbert

Notary Public, residing at Eagle Ida

My commission expires Sept. 28, 1960

(Seal)

Signed Ethel A. Fletcher

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1316 Manitou, Boise Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DPH 55.155

2 documents showing full name as
Robert Ernest Fletcher

285 -111-014 - 314

PLACE OF BIRTH

County of Canyon

City of Middleton

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 98392

Primary Registration District No. 2005 Registered No. 13

FULL NAME OF CHILD Betty Elaine Shelton
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F M			Yes	July 11 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME: Clarence B. Shelton	FULL MAIDEN NAME: Etta May Lamper
RESIDENCE: Middleton R 2	RESIDENCE: Middleton R 2
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at Middleton at 8 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C W Hall MD
(Physician or midwife)

Address Star Idaho

Filed Feb. 7, 1922 John M. Meyer
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County Canyon

File Number 98592

Registration Dist. No. .....

Sex of Child Female

Date of Birth Jan. 11 192.2

Father Clarence B. Shelton (Full Name)

Mother Etta Lamper - She (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Betty Elaine Shelton
Child's Name in Full

Clarence Benton Shelton
Signature of Father or Mother

OVER

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

569-213-014-866

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98393

County of Canyon

City of Greenleaf

No. ..... St.

Registration District No. 3 File No. .....

Hospital .....

Primary Registration District No. 2005 Registered No. 14

FULL NAME OF CHILD Mary Frances Nordyke

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	1/13 2 192...

What bactericidal solution was used in eyes? 1% Silver Nitrate Solution

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 10

FATHER	MOTHER
FULL NAME: Lewis W. Nordyke	FULL MAIDEN NAME: Frances L. Hoff
RESIDENCE: Greenleaf, Idaho	RESIDENCE: Greenleaf, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 46 (Years)	AGE AT LAST BIRTHDAY: 46 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Iowa
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. B. Dudley, M. D.

(Physician or midwife)

Address Caldwell, Idaho.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Jan. 14 1922 John S. Meyer Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss. Certificate No. 98393

County of Yamhill } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for unnamed (Name on Original Certificate) who was born (Was Born or Died) on Jan. 13, 1922 (Date of Event)

in Greenleaf, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared ox in 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Mary Frances Nordyke

Subscribed and sworn to before me this 17th. day of April, 19 43

Cecil F. Hinshaw

Notary Public, residing at Newberg, Oregon

My commission expires April 6, 1946

(Seal)

Signed Frances L. Nordyke, Mother.

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

112 N. Meridian St. - Newberg, Oregon

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 2 1 1943

469-215-014-433

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton

No. ..... St.

Registration District No. 3 File No. 98394

Hospital ..... Primary Registration District No. 2005 Registered No. .....

FULL NAME OF CHILD Marion May Morton
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	S. (To be answered only in event of plural births)	2	yes	January 15 1922

What bactericidal solution was used in eyes? August 1st

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wm H. Morton	FULL MAIDEN NAME	Ethel E. McCabe
RESIDENCE	Middleton Idaho	RESIDENCE	Middleton Id
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Pendleton Oregon	BIRTHPLACE	Dallas Oregon
OCCUPATION	Prop Landmark Store	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 A., M. on the date above stated.
(Born alive or stillborn)

(Signature) J. H. Gee M. D.
(Physician or midwife)

Address Caldwell Id

Filed Feb. 8—1922 John S. Meyer
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Middleton; Street Main St.; County Canyon

File Number 98394

Registration Dist. No. .....

Sex of Child Female

Date of Birth Jan. 15 1922

Father William Franklin Morton (Full Name) Mother Ethel Neva McCabe (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Marion May Morton
Child's Name in Full

W. F. Morton
Signature of Father or Mother

JUN 24 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

394-76S-01-133

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ____ St.

Registration District No. 3 File No. 98395

Hospital ____ Primary Registration District No. 2005 Registered No. 16

FULL NAME OF CHILD Velma Marjorie Timpke
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	1/15 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Glenn W. Timpke	FULL MAIDEN NAME	Nettie Allen
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Missouri	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:40 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. B. Dudley

M. D.
(Physician or midwife)

Address Caldwell, Idaho

Filed Jan. 17 1922 John L. Meyer
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
MAR 16 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Caldwell

Street: .....

County: Canyon

File Number: 98395

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: January 15 1922

Father: Glenn W. Tinsley (Full Name)

Mother: Hattie Georgina Allen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Velma Marjorie Tinsley
Child's Name in Full

G. W. Tinsley
Signature of Father or Mother

OVER

AUG 1 1 1966

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

437-112-014-253

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98396

County of Canyon

City of Caldwell

~~N.~~R. # 4 ~~St.~~

RECEIVED FEB 21 1922

Registration District No. 3 File No.

Hospital

Primary Registration District No. 2005 Registered No. 17

FULL NAME OF CHILD Earl Terry McGoldrick
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	1/17 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Edward F. McGoldrick	FULL MAIDEN NAME	Lillie Keller
RESIDENCE	Caldwell, Idaho R. # 4	RESIDENCE	Caldwell, Idaho. R. # 4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. P. Dudley
M. D.
(Physician or midwife)

Address Caldwell, Idaho.

Filed Jan. 18 1922 John S. Meyer
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Caldwell

Street: 3 miles East of college.

County: Canyon

File Number: 98396

Registration Dist. No.:

Date of Birth: Jan 17 1922

Sex of Child: Male

Father: Edward T. Mc Goldrick (Full Name)

Mother: Lillie Fellers (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Earl Terry Mc Goldrick
Child's Name in Full

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

766-118-014-819

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98397

County of Canyon
City of Caldwell
No. R F D St.
Registration District No. 3 File No.
Hospital Primary Registration District No. 2003 Registered No. 18

FULL NAME OF CHILD Infant died
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	S	1	yes	Jan 18 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Empressa E. Goodrich	Gertrude Haines
RESIDENCE	Caldwell Ida R F D	Caldwell Ida R F D
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	26	18
BIRTHPLACE	Idaho Falls Ida	Ketchum Okla
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 P. M. on the date above stated. (Born alive or stillborn)
but only lived 24 hours.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Lee M. D.
(Physician or midwife)
Address Caldwell Idaho

Give names added from a supplemental report.

....., 19.....
Registrar.

Filed Feb. 8. 1922 John L. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-219-014-313

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 98398

No. ..... St.

Primary Registration District No. 1005 Registered No. 19

Hospital .....

FULL NAME OF CHILD Edna Green

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Jan 19 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Denzil G Green	FULL MAIDEN NAME	Phoebe Caldwell
RESIDENCE	Caldwell Ida	RESIDENCE	Caldwell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Okla	BIRTHPLACE	Virginia
OCCUPATION	Lower	OCCUPATION	H W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5 35 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T D Farrer

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Ida

Filed Feb. 7 1922 John S. Meyer
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Caldwell

Street: Cleveland Blvd.

County: Canyon

File Number: 98398

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Jan. 19 192...

Father: Wenzil George Green (Full Name)

Mother: Phoebe Elizabeth Caldwell (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Edna Green
Child's Name in Full

Mrs. D. G. Green
Signature of Father or Mother

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

791-123-014-215

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 10" & Main St.

Registration District No. 3 File No. 98400

Hospital

Primary Registration District No. 1005 Registered No. 21

FULL NAME OF CHILD Kenneth Wayne Pratt

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	1/23/ 2 192

What bactericidal solution was used in eyes? 1% Silver Nitrate used

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER	MOTHER
FULL NAME: Arthur Francis Pratt	FULL MAIDEN NAME: Ethel May Sanders
RESIDENCE: Caldwell, Idaho, 11" & Main	RESIDENCE: Caldwell, Idaho, 11" & Main
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Minn.	BIRTHPLACE: Idaho
OCCUPATION: Glasser	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 A. M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. [illegible] Haley

M. D.
(Physician or midwife)

Address Caldwell, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Jan. 24 1922 John A. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE O. IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Caldwell

Street: 1019 Main

County: Canyon

File Number: 98400

Registration Dist. No.:

Sex of Child: Male

Date of Birth: January 23 192 2

Father: Arthur Francis Pratt (Full Name)

Mother: Ethel May Saunders (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Kenneth Wayne Pratt (Child's Name in Full)

Mrs. A. F. Pratt (Signature of Father or Mother)

JUN 27 1957

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

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DEC 10 1943

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

[redacted]

444-227-014-366

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98401

County of Canyon

City of Caldwell

No. 913 S. 6th St. Registration District No. 3 File No.

Hospital Primary Registration District No. 1005 Registered No. 22

FULL NAME OF CHILD Betty Louise Mumford

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	and	4	yes	Jan. 27 1922

What bactericidal solution was used in eyes? 1% Solution of Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	H. B. Mumford	FULL MAIDEN NAME	Ida Cook
RESIDENCE	913 S. 6th Street	RESIDENCE	988 6th Street
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Wisconsin	BIRTHPLACE	Idaho
OCCUPATION	Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 7 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) S. W. Dudley M. D.

(Physician or midwife)

Address Caldwell, Idaho.

Filed Jan. 28 1922 John L. Meyer Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
MAR 11 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Caldwell

Street: 913 S. Eighth

County: Canyon

File Number: 98401

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Jan 27th 1922

Father: H. B. Mumford
Full Name

Mother: Ida Cook
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Betty Louise Mumford
Child's Name in Full

H. B. Mumford
Signature of Father or Mother

OVER

JUN 2 6 1970

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

964-128-04-485

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98402

County of Canyon

City of Caldwell

No. ..... St.

Registration District No. 3 File No. .....

Hospital ..... Primary Registration District No. 1005 Registered No. 23

FULL NAME OF CHILD Wayne Lester Rode
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	January 28 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate Solution

Number of child of this mother, including present birth 1st Number of child of this mother now living, including present birth 1st

FATHER		MOTHER	
FULL NAME	Ben Lewis Rode	FULL MAIDEN NAME	Hazel L. Myers
RESIDENCE	324 Blaine Street	RESIDENCE	324 Blaine St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley M. D.
(Physician or midwife)

Address Caldwell, Idaho.

Give names added from a supplemental report.

....., 19.....

Filed Feb. 1st 1922 John S. Meyer
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 30 1953

JAN 26 1960

558-202-04-425

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

RECEIVED
FEB 9 1922
VITAL

No. ..... St. ..... Registration District No. 9 File No. 98403

Hospital ..... Primary Registration District No. 1005 Registered No. 24

FULL NAME OF CHILD Josephine Ney
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	2/2 2 192

What bacterioidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Nicholas Ney	FULL MAIDEN NAME: Margaret Uselding
RESIDENCE: 1424 Everett St. Caldwell, Idaho	RESIDENCE: 1424 Everett St. Caldwell, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years): 38	AGE AT LAST BIRTHDAY (Years): 34
BIRTHPLACE: Wisconsin	BIRTHPLACE: Wisconsin
OCCUPATION: Court Reporter	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Haley

M. D.
(Physician or midwife)

Address Caldwell, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Feb. 4 1922 John L. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 0 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 632-106
[redacted] 8426-39 387
[redacted] RTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

22 CERTIFICATE OF BIRTH

VITAL

98405

County of Canyon

City of Caldwell

Registration District No. 3 File No.

No. St.

Primary Registration District No. 2005 Registered No. 26

Hospital

FULL NAME OF CHILD Robert Norman Olsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb 6 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Norman Olsen	FULL MAIDEN NAME	Ora Cox
RESIDENCE	Caldwell Ida	RESIDENCE	Caldwell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Farrer

(Physician or ~~midwife~~)

Given names added from a supplemental report.

Address Caldwell Ida

19

Filed Feb. 7 1922 John P. Meyer

Registrar Registrar

S-Y CO. 24656

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAR 7 - 1922

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Caldwell

Street: 1616 Arthur St.,

County: Canyon

File Number: 98405

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Feb. 6 192.2.

Father: Norman Olsen (Full Name)

Mother: Ora M. Cox (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Robert Norman Olsen
Child's Name in Full

Ora M. Olsen
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 26 11 38 AM '79

State of _____ } ss.
County of _____ }

Certificate No. 98405
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Robert Norman Oleson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb/ 5, 1922 (Date of Event)

in Caldwell (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Robert Norman Oleson	Robert Norman Olsen
Father's last name	Oleson	Olsen
Date of birth	FEb. 5, 1922	Feb. 6, 1922

Subscribed and sworn to before me this 22nd day of March, 1979

Notary Public Florence Cartright

Residing at Boise

My commission expires Lifetime

(Seal)

Robert Norman Olsen
Signature of Applicant

Rt 1, Wilder, Idaho 83676
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Correction corresp. 3-22-79 1 copy pd

A sister's birth certificate on file with Idaho gives name of family last name as Olsen and lists father's name as Norman Olsen. Certificate # 79687
Viewed by v.S.

Family Record gives name as Robert Norman Olsen born in.Caldwell, to Norman Olsen and Ora Cox.
Viewed by V.S.

Family Bible Record, obviously old, gives name as Robert Norman Olsen born Feb. 6, 1922 in Caldwell, Idaho, to Norman Olsen and Ora Cox.
Viewed by V.S.

Enlisted record and report of separation gives name as Robert N. Olsen born February 6, 1922 in Caldwell, Idaho. Enlisted Sept. 18, 1942, and discharged November 6, 1945.
Viewed by v.S.

795-2[illegible]-014-997

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98406

County of Canyon

City of Caldwell

No. R. # 2 St.

Registration District No. 3 File No.

Hospital

Primary Registration District No. 2005 Registered No. 27

FULL NAME OF CHILD Lennie Viola Gray
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	2/5/ 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Leonard Carson Gray	FULL MAIDEN NAME	Anna May Ripley
RESIDENCE	Caldwell, Idaho, R. # 2	RESIDENCE	Caldwell, Idaho R. # 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Kansas	BIRTHPLACE	Nebraska
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley
M. D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed Feb. 7 - 1922 John S. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

t fixed previou

RICAT

Dear Madam,

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Caldwell

Street: R. R. 2.

County: Canyon

File Number: 98406

Registration Dist. No.:

Date of Birth: Feb 5, 1922

Sex of Child: Female

Father: Leonard Parson Gray (Full Name)

Mother: Annie May Ripley (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lonnie Viola Gray (Child's Name in Full)

Annie May Gray (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

884-206-014-793

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell Id

No. ..... St.

Registration District No. 3 File No. 98407

Hospital Miss Mynatt Primary Registration District No. 1005 Registered No. 28

FULL NAME OF CHILD Nadine Marie Hyde
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	S.		2	yes	2/6 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Aden L. Hyde	FULL MAIDEN NAME	Bernice Pittman
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Oreana Idaho	BIRTHPLACE	Cedartown Ga
OCCUPATION	Editor Cald Tribune	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gue M. D.
(Physician or midwife)

Address Caldwell Id

Filed Feb. 8 1922 John P. Meyer
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC WELFARE

MAR 7 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, MAR 7 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Caldwell

Place of Birth — Street: 914 Everett

Place of Birth — County: Canyon

File Number: 98407

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Feb. 6 1922.

Father: Aden Lyonel Hyde
Full Name

Mother: Bernice Pittman
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Nadine Marie Hyde
Child's Name in Full

Bernice P. Hyde
Signature of Father or Mother

SEP 1 0 1945

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

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- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

895-110-014-794

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital

Registration District No. 3 File No. 98408

Primary Registration District No. 2005 Registered No. 29

FULL NAME OF CHILD Herbert Jesse Hinds
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	2/10 2 192

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Ralph H. Hinds	FULL MAIDEN NAME: Ruth Pimm
RESIDENCE: Caldwell, Idaho	RESIDENCE: Caldwell, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Kansas
OCCUPATION: Indefinite	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) R. B. Dudley

M. D.
(Physician or midwife)

Address Caldwell, Idaho

Filed Feb. 11, 1922 John S. Mayes
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

DEPARTMENT OF PUBLIC WELFARE

MAR 7 - 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Caldwell
- ~~Street~~ Bosie Ave
- County: Canyon

File Number: 98~~405~~ 408

Registration Dist. No. .....

Date of Birth: Feb. 10 .....192.

Sex of Child: Male

Father: Ralph Herbert Hinds
Full Name

Mother: Ruth Harriet [illegible]
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Herbert Jesse Hinds
Child's Name in Full

Mrs. R H Hinds
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

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- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

612-214-014-693

RECEIVED
FEB 7 - 19
BUREAU OF STATISTICS

Form V. S. No. 11—25m-6-15-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 98409

County of Canyon

City of Wilder Precinct

Registration District No. _____

No. _____ St.

Primary Registration District No. _____

Registered No. _____

Hospital _____

Full Name of Child Hassauer

SEX OF CHILD	Twin / Triplet or other? (To be answered only in event of plural births)	and — Number in order of birth	Legitimate?	DATE OF BIRTH
fem	—	—	no	Jan. 14 (Month) (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Arthur Hassauer	FULL MAIDEN NAME	Pearl Wittel
RESIDENCE	Wilder (R)	RESIDENCE	Wilder
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Eastern U. S.	BIRTHPLACE	Ida.
OCCUPATION	Farm hand	OCCUPATION	—

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Address Parma

Given names added from a supplemental report

..... 19....

..... Registrar

Filed Feb. 7 1922 F. W. Almond State Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1922-367822

255-216.
016-864

PLACE OF BIRTH [redacted]

RECEIVED FEB 2 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Elba

Registration District No. 114

File No. 98410

No. [redacted] St.

Hospital At home

Primary Registration District No. 2198

Registered No.

FULL NAME OF CHILD Edith Beecher

Sex of Child female

Twin, Triplet or other? [redacted] and Number in order of birth [redacted]
(To be answered only in event of plural births)

Legitimate? yes

Date of Birth Jan 16 (Month) (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Elihu Beecher	FULL MAIDEN NAME	Ella Hoagland
RESIDENCE	Elba Idaho	RESIDENCE	Elba Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Elba Idaho	BIRTHPLACE	Almo Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:33 P. M. on the date above stated.

(Signature) C I Bates M D

(Physician or midwife)

Address Malta Idaho

Filed Jan 31 1922 C I Bates
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 2 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Elba

Place of Birth — Street:

Place of Birth — County: Cassia

File Number: 98410

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Jan. 16 1922.

Father: Elihu M. Beecher (Full Name)

Mother: Ella Hoagland (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Edith
Child's Name in Full

Ella H. Beecher
Signature of Father or Mother

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

269-121-016-469

Form V. S. No. 11-C--25m-7-21-

PLACE OF BIRTH

RECEIVED FEB 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Albion

No. ..... St.

Hospital At home

Registration District No. 114 File No. 98411

Primary Registration District No. 2198 Registered No. .....

FULL NAME OF CHILD Herman Lee Bortz

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				yes	Jan 21 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry C. Bortz	FULL MAIDEN NAME	Ethel Morris
RESIDENCE	Albion Idaho	RESIDENCE	Albion Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C I Sauer M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Malta Idaho

Filed Jan 31 1922 C I Sauer

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 14 1970

RECEIVED
22
VITAL
STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Albion

Place of Birth — Street:

Place of Birth — County: Cassia

File Number: 98411

Registration Dist. No.:

Sex of Child: Male

Date of Birth: January 21st 1922

Father: Henry Carl Bartz (Full Name)

Mother: Ethel Morris (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Herman Lee Bartz
Child's Name in Full

Mrs H. C. Bartz
Signature of Father or Mother

JUN 30 1964

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

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- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

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2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

165-126-016-381

Form V. S. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Almo

No.

Hospital At home

RECEIVED FEB 21 1922 BUREAU OF VITAL STATISTICS

Registration District No. 119 File No. 98412

Primary Registration District No. 2198 Registered No.

FULL NAME OF CHILD George Renalds Jones

Sex of Child Male | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Jan (Month) 26 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	George Roy Jones	FULL MAIDEN NAME	Mary Mariah Chadwick
RESIDENCE	Almo Idaho	RESIDENCE	Almo Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Salt Lake Utah	BIRTHPLACE	Ogden Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:40 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Sates M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Almo Idaho

Registrar

Filed Jan 31 1921 C. I. Sates

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 14 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 9 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Almo

File Number: 98412

Street:

Registration Dist. No.:

County: Cassia

Sex of Child: Male

Date of Birth: January 26 1922.

Father: George Roy Jones (Full Name)

Mother: Mary Anna Chadwick (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

George Reinaldo Jones
Child's Name in Full

Mrs. Geo. R. Jones
Signature of Father or Mother

JAN 23 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

261-231-016-692

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98415

County of Cassia
City of Burley
No. ..... St.
Registration District No. 117
File No. .....
Hospital .....
Primary Registration District No. 2196
Registered No. 2184

FULL NAME OF CHILD Doris Boatman
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Jan 31 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	F. U. Boatman	FULL MAIDEN NAME	Mabel Fisk
RESIDENCE	Burley Ida.	RESIDENCE	Same.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Okla.
OCCUPATION	R. R. Man.	OCCUPATION	Hse

CERTIFICATE OF ATTENDING ~~PHYSICIAN~~ OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Idaho

Filed Feb. 14 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-131-016-449

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 21
BUREAU

CERTIFICATE OF BIRTH

98416

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. .....

Hospital ..... Primary Registration District No. 2196 Registered No. 2183

FULL NAME OF CHILD ~~Baby~~ ~~Girl~~ De Vert Call

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	and		Yes.	Jan. 31 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	A. W. Call	FULL MAIDEN NAME	Lydia Mc Murray
RESIDENCE	Burley Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Nil

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician

(Physician or midwife)

Address Burley Idaho

Give names added from a supplemental report.

....., 19.....

Filed Feb 9 1922 Dr. J. C. Patterson

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 15 19—
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street:

County: Cassia

File Number: 98416

Registration Dist. No.:

Date of Birth: Jan. 31 192?

Sex of Child: Male

Father: Aaron W. Call
Full Name

Mother: Lydia McMurray Call
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Le Verl Call
Child's Name in Full

Aaron W. Call
Signature of Father or Mother

OVER

MAR 4 1943

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

314-125-06-895

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED FEB 21 1922 BUREAU OF VITAL STATISTICS

File No. 98417

County of Cassia

City of Burley.

No. ..... St. .....

Registration District No. 117

Hospital ..... Primary Registration District No. 2196 Registered No. 2182

FULL NAME OF CHILD Joseph Jensen Campbell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	and		Yes.	Jan 25 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	J. N. Campbell	FULL MAIDEN NAME	Elnora Hindmarsh
RESIDENCE	Burley, Ida.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Mont.
OCCUPATION	Laborer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Idaho

Filed Feb. 2 1922 Dr. J. C Patterson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IONS WHY A CERTIF

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street: 329 No. Overell

County: Cassia

File Number: 98417

Registration Dist. No.:

Date of Birth: Jan 26 192 2

Sex of Child: Male

Father: Joseph Newton Campbell (Full Name)

Mother: Nora Hindmarsh (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Joseph Junior Campbell (Child's Name in Full)

J. N. & Nora Campbell (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

569-123-016-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 98418

County of Cassia

City of Burley.

No. ..... St. .....

Registration District No. 117

Primary Registration District No. 2196

Registered No. 2181

Hospital .....

FULL NAME OF CHILD Murray Norton.

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	and	5	Yes.	Jan 23 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	D. P. Norton.	FULL MAIDEN NAME	Mabel Burgess.
RESIDENCE	Burley. Ida.	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Ariz.	BIRTHPLACE	Utah
OCCUPATION	Farming.	OCCUPATION	Housf.

CERTIFICATE OF ATTENDING ~~PHYSICIAN~~ OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 a. M. on the date above stated.

(Born alive or stillborn)

(Signature) Dr. J. C. Patterson

Physician

(Physician or midwife)

Address Burley. Ida.

Filed Jan 30 1922 Dr. J. C. Patterson

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-223-016-132

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 2 1927

CERTIFICATE OF BIRTH

98419

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117

File No. .....

Hospital .....

Primary Registration District No. 2196

Registered No. 2180

FULL NAME OF CHILD Nr. Neta Hope Harkins

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Jan 23 1927

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 0

FATHER		MOTHER	
FULL NAME	J. D. Harkins.	FULL MAIDEN NAME	Chloa Alspaugh.
RESIDENCE	Burley. Ida.	RESIDENCE	Burley. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Iowa.	BIRTHPLACE	Ind.
OCCUPATION	Farming.	OCCUPATION	Asst.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Ida.

Filed Jan 31 1927 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 6 1967

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley; Street: ; County: Cassia

File Number 98419

Registration Dist. No. .....

Sex of Child: Female

Date of Birth Jan 23 1922

Father: Jasper Ira Harkins (Full Name)

Mother: Chlora Verges Allspaw (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Vineta Hope Harkins
Child's Name in Full

Mrs J I Harkins
Signature of Father or Mother

LED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

298-212-86-862

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED FEB 21 1922

98420

County of Cassia

City of Burley

No. ____ Registration District No. 117 File No. ____

Hospital ____ Primary Registration District No. 296 Registered No. 2179

FULL NAME OF CHILD Marie Elizabeth Bryant

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	Jan. 17 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	R. H. Bryant.	FULL MAIDEN NAME	Mabel Hosac
RESIDENCE	Burley. Ida.	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Oregon.	BIRTHPLACE	Idaho.
OCCUPATION	Farming.	OCCUPATION	Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician

(Physician or midwife)

Address Burley. Idaho.

Filed Jan 31 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 15 1942

962-114-016-866

PLACE OF BIRTH

RECEIVED FEB 21 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. R 2 St.

Registration District No. 117

File No. 98421

Hospital

Primary Registration District No. 2196

Registered No. 2178

FULL NAME OF CHILD Earl James Ross.

(Certificate of no value without full name of child.)

Sex of Child: Male

Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of birth: Jan. 14 (Month) (Day) 192 2 (Year)

What bactericidal solution was used in eyes? Silver Nitrated

Number of child of this mother, including present birth: 4

Number of child of this mother now living, including present birth: 3

FATHER

FULL NAME: J. D. Ross.

RESIDENCE: Burley Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farming.

MOTHER

FULL MAIDEN NAME: Myrtle Howell.

RESIDENCE: Burley Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Idaho.

OCCUPATION: Hsw

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson Physician

(Physician or midwife)

Address Burley, Idaho.

Filed Jan 24 1922 Dr. J. C. Patterson

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-116-016-469

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

RECEIVED FEB 21 1922 BUR

No. ..... Registration District No. 117 File No. 98422

Hospital ..... Primary Registration District No. 2196 Registered No. 2177

FULL NAME OF CHILD Jesse Eugene Anderson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Jan. 16 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	J. W. Anderson	FULL MAIDEN NAME	Lucile Mortensen
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician
(Physician or midwife)

Address Burley Ida

Filed Jan 24 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318-203-016-366

PLACE OF BIRTH

DEP[redacted]

BUR[redacted]

County of [redacted] RECEIVED FEB 21 1922

City of Burley

CERTIFICA[redacted]

98423

No. ..... St. Registration District No. 117 Fi[redacted]

Hospital ..... Primary Registration District No. 2196 Registered No. 2176

FULL NAME OF CHILD Marvel Taylor

(Certificate of no value without full name of child.)

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Jan 3 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	J. R. Taylor	FULL MAIDEN NAME	Mabel Cook
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Hsuf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician (Physician or midwife)

Address Burley Idaho.

Filed Jan 13 1922 Dr. J. C. Patterson Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24
JUN 29
OCT 14 1963

128-123-016-266

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 1 1922

CERTIFICATE OF BIRTH

98428

County of Cassia

City of Burley

No. RFD 2 St. Registration District No. 117 File No.

Hospital Primary Registration District No. 2196 Registered No. 2171

FULL NAME OF CHILD ~~[illegible]~~ Ashcraft MARK EARL ASHCRAFT
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	1		1	Yes	Jan 23 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Sol Ag NO3 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Earl Ashcraft	FULL MAIDEN NAME	Grace Bowers
RESIDENCE	Burley RFD 2	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farm	OCCUPATION	Hse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:40 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Smith MD
(Physician or midwife)

Address Burley Idaho

Filed Feb 7th 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth, SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ~~IDAHO~~ California
County of ~~CASSIA~~ Los Angeles } ss.

Certificate No. 98428

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for MARK EARL ASHCRAFT (Name on Original Certificate) who BORN (Was Born or Died) on JANUARY 23, 1922 (Date of Event)
in BURLEY, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Father (Bible Record, Insurance Policy, Etc.) prepared on Jan 16th 1944 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Baby	Mark Earl Ashcraft
Mark Earl Ashcroft	Born Jan 23-1922 at Burley, Idaho.	

Subscribed and sworn to before me this 16th day of January, 1944.

Frederick J. Kuppinger
Notary Public, residing at Pasadena Calif
My commission expires My Commission Expires August 17, 1947
(Seal)

Signed Earl R. Ashcraft.
(Signature of parent or ~~attendant~~ if correcting a birth record; of ~~attendant, funeral director, informant if correcting a death record~~; or other credible person.)
3504 E Foothill Blvd
(Street Address, City, State) Pasadena Calif

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Los Angeles } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of January, 1944.

Frederick J. Kuppinger
Notary Public, residing at Pasadena Calif
My commission expires My Commission Expires August 17, 1947
(Seal)

Signed C E Basore
(Signature of Any Credible Person Other Than Previous Year)
1915 Bellmont
(Street Address, City, State)

JAN 2 0 1944

699-215-616-249

PLACE OF BIRTH

RECEIVED FEB 1 1922 VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98429

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. .....

Hospital .....

Primary Registration District No. 2196 Registered No. 2170

FULL NAME OF CHILD Joyce Wrigley

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) June (Day) 15 (Year) 1922
girl		Yes	

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Frank D. Wrigley	FULL MAIDEN NAME	Aethes Burgess
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:20 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) F H Cutler

MD
(Physician or midwife)

Address Burley

Filed Feb 6th 1922 Dr. J. C. Patterson
Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/20/41. w.h.

296-126-016-369

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia
City of Burley
No. ..... St.

Registration District No. 117 File No. 98430

Hospital ..... Primary Registration District No. 2196 Registered No. 2169

FULL NAME OF CHILD Irene L. Brower
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy	1	—	Yes	Jan. 21 1922

(To be answered only in event of plural births)

What bacterial solution was used in eyes? 1% Arg. NO3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Elbert A. Brower	FULL MAIDEN NAME	Henrietta Larsen
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. N. Cutler M.D.
(Physician or midwife)

Address Burley Ida

Filed Feb 6 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAR 7 - 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Place of Birth — Street: .....

Place of Birth — County: Cassia

File Number: 98430

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Jan 21 1922

Father: Elbert Urial Brower (Full Name)

Mother: Henrietta Larson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Orene L. Brower
Child's Name in Full

Mrs Henrietta Brower
Signature of Father or Mother

OVER

NOV 5 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

393-231-016-493

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
FEB 21 192[illegible]
VITAL STATISTICS

File No. 98431

County of Cassia

City of Burley

No. ..... St. .....

Registration District No. 117

Hospital ..... Primary Registration District No. 2196 Registered No. 2168

FULL NAME OF CHILD ~~Norma~~ Norma Littlefield

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	and —	Yes	Jan 31 1922

What bacteriocidal solution was used in eyes? 1% Ag. NO3

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Alonzo Littlefield	FULL MAIDEN NAME	Anna Louise Mitchell
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	Wt	COLOR	Wt
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Ida.
OCCUPATION	Laborer	OCCUPATION	Hsw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 4:30 P. M. **on the date above stated.**

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler M.D.
(Physician or midwife)

Address Burley Ida

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Feb 6 1922 Dr J. E. Patterson Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AL REASONS WHY A CERTIFIC

Dear Madam: WAR ... F VITAL

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street: 312 South Grant

County: Cassia

File Number: 98431

Registration Dist. No.:

Date of Birth: January 31st 1922

Sex of Child: Female

Father: Sidney Elonzo Littlefield (Full Name)

Mother: Annie Louisa Mitchell (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Norma Littlefield

Child's Name in Full

Mrs. Annie Littlefield

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

141-229-016-795

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 7 1922

CERTIFICATE OF BIRTH

County of Cassia,
City of Burley,
No. ..... St.
Hospital

Registration District No. 117
Primary Registration District No. 2196

File No. 98432
Registered No. 2167

FULL NAME OF CHILD Lorane Adamson,
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	-- and	----	Yes	Jan. 29, 1922

What bactericidal solution was used in eyes? 1% Argyrol Sol.

Number of child of this mother, including present birth 1st Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Otto L. Adamson	FULL MAIDEN NAME: Vilma L. Pinson
RESIDENCE: Burley, Ida.	RESIDENCE: Burley, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Richmond, Utah.	BIRTHPLACE: Wheeling, W. Va.
OCCUPATION: Clerk	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2/10 A. M. on the date above stated.

(Signature) R. V. Earle, M.D.
(Physician or midwife)

Address Burley, Ida.

Filed Feb 6 1922 Dr. J. C. Patterson
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-201-017-113

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Hospital No

RECEIVED FEB 2 ... BUREAU

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 125 File No. 98434

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD Dorothy Gladys Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan (Month) 1 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Eugene M Miller	FULL MAIDEN NAME	Gladys E Juckways
RESIDENCE	Dubois	RESIDENCE	Dubois
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Montana
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 1:30 P M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Jones M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Dubois Idaho

Registrar

Filed Jan 1 1922 C E Jones M D
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 11 1945

868-103-017-242

PLACE OF BIRTH

RECEIVED FEB 21 1922

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clark

City of Dubois

Registration District No. 125

File No. 98435

No. _____ St.

Hospital No

Primary Registration District No. 2203

Registered No. _____

FULL NAME OF CHILD Virgil Max Hohman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Jan 3 1922

FATHER		MOTHER	
FULL NAME	Max E Hohman	FULL MAIDEN NAME	Cora E Bussinger
RESIDENCE	Dubois	RESIDENCE	Dubois
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 5:40 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____
Registrar

(Signature) C E Jones M D

(Physician or midwife)

Address Dubois Idaho

Filed Jan 3 1922 C E Jones M D
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 14 1960

113-105
026-855

PLACE OF [redacted] No. 11-C--25m-7-21-19

County of Jefferson

CERTIFICATE OF BIRTH

name added 6-8-83

City of Camas

Registration District No. 25 File No. 98436

No. ..... St.

Hospital No

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD Joseph William Palmer

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Jan 5 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William H Palmer	FULL MAIDEN NAME	Montella E Hendrickson
RESIDENCE	Camas	RESIDENCE	Camas
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Wyo	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 6:30 a M. on the date above stated. (Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Jones MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Dubois Idaho

Filed Jun 5 1922 C E Jones MD
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5-24-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 7 12 18 PM '83

State of Idaho
County of Bingham } ss.

Certificate No. 98436
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for William Palmer (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan 5, 1922 (Date of Event)

in Camas (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs first name	omitted	Joseph

Subscribed and sworn to before me this 3rd day of June, 1983.

Notary Public, Lorri C. Hanson

Residing at 179 N. Milton, Shelley, Id. 83274

My commission expires July 30, 1985

(Seal)

X Joseph R. Palmer
Signature of Applicant

X Rte. 2 Box 321, Shelley, Id. 83274
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 rd day of June, 1983.

Notary Public, Lorri C. Hanson

Residing at 179 N. Milton, SHelley, Id. 83274

My commission expires July 30, 1985

(Seal)

Bonita C. Hanson
Supporting Signature

179 N. Milton Shelley Idaho 83274
Street Address, City, State

ICC credit

born Jan 5, 1922
Certificate of Blessing from LDS Church gives Joseph William Palmer son of William Palmer and Montella E Hendrickson and was blessed Feb 12, 1922. Viewed by V.S.

JUN 8 1983

Certificate of Baptism from LDS Church gives Joseph William Palmer born Jan 5, 1922 in Camas to William H Palmer and Montella E Hendrickson was baptised Feb 1, 1930. Viewed by V.S.

331-11 S-017-415

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

[redacted] OF IDAHO

Form V. S. No. 11-C--25m-7-21-19

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clark

City of Dubois

Registration District No. 125 File No. 98437

No. ..... St.

Hospital No

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD [redacted] Kathleen Clark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan 15 1922

FATHER	MOTHER
FULL NAME Samuel L Clark	FULL MAIDEN NAME Annie E Daniel
RESIDENCE Dubois	RESIDENCE Dubois
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Montana	BIRTHPLACE Mo
OCCUPATION Farmer.	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 11:55 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) O E Jones M D

(Physician or midwife)

Address Dubois Idaho

Filed Jan 16 1922 O E Jones M D Registrar

281-215-026-342

PLACE OF BIRTH

RECEIVED FEB 21 1922

Form V. S. No. 11-C—25m-7-21-19

BUREAU [redacted] CS

CERTIFICATE OF BIRTH

County of Jefferson

City of Camas

Registration District No. 125 File No. 98438

No. ..... St.

Hospital No

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD Melba Augusta Shark

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Jan 15 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clifford L Shark	FULL MAIDEN NAME	Mary Addie Lukins
RESIDENCE	Camas	RESIDENCE	Camas
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	W. Va	BIRTHPLACE	W Va
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 9:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs N J Jones ~~(Physician or midwife)~~

Given names added from a supplemental report.

..... 19....

Address Dubois Idaho

Registrar

Filed Jan 20 1922 C E Jones M D Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1949

NOV 2 1948

994-128-017-381

PLACE OF BIRTH

County of Clark

City of Dubois

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF [redacted]

No. 11-C—25m-7-21-19

REGISTERED FEB 21 1922
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

Registration District No. 125 File No. 9843[illegible]

No. ____ St.

Hospital No

Primary Registration District No. 2203 Registered No. ____

FULL NAME OF CHILD George Elmer Rider

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Jan 28 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George L Rider	Della M Thatcher
RESIDENCE	Dubois	Dubois
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	53	25
BIRTHPLACE	Iowa	Idaho
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~), at 5:55 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19__

Registrar

(Signature) W E Jones M D

(Physician or midwife)

Address Dubois Idaho

Filed Jan 28 1922 W E Jones M D

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 27 1959

JAN 5 1943

NOV 23 1943

343-209-018-386

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

Registration District No. 90

File No. 98446

No. ..... St.

Primary Registration District No. 2168

Registered No. 3

Hospital ..... ARLETH

FULL NAME OF CHILD Arleth Adeline Luttropp

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	January 9th 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Louis L. Luttropp	FULL MAIDEN NAME	Edith Thompson
RESIDENCE	Orofino Ida	RESIDENCE	Orofino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wisc.	BIRTHPLACE	Minn
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Faivel

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino Ida

..... Registrar

Filed January 10 1922 J. M. Faivel Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 7

County of Clearwater } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Arlith Adeline Luttropp (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Jan. 9, 1922 (DATE OF EVENT)

in Orofino, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by school records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ——— (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Arlith	Arleth

Subscribed and sworn to before me this 4 day of March, 1942

Frank E. Smith

Notary Public, residing at Orofino Idaho

My commission expires May 10, 1945

(SEAL)

Signed Edith Luttropp

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Clearwater }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4 day of March, 1942

Frank E. Smith

Notary Public, residing at Orofino Idaho

My commission expires May 13, 1945

(SEAL)

Signed L. L. Luttropp

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

JUL 13 1942

795-235-018-666

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Dent

Registration District No. 90

File No. 98447

No. ..... St.

Primary Registration District No. 2168

Registered No. 4

Hospital .....

FULL NAME OF CHILD Bessie Ada Pinson

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Jany 25 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lawrence Pinson	FULL MAIDEN NAME	Cora Wood
RESIDENCE	Dent Ida	RESIDENCE	Dent Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	W. Va.	BIRTHPLACE	Wn.
OCCUPATION	Laborn	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Faisly

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bofino Ida

..... Registrar

Filed Feby 1 1922 J. M. Faisly Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 3 1945

466-228-018-791

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

Registration District No. 90

File No. 98448

No. ..... St.

Primary Registration District No. 2168

Registered No. 5

Hospital .....

FULL NAME OF CHILD Eula Aileen Moore 5

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jany 28 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Miles E. Moore	FULL MAIDEN NAME	Martha E. Gray
RESIDENCE	Orofino Ida	RESIDENCE	Orofino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Faiel

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino Ida

Registrar

Filed Feby 1 1922 J. M. Faiel
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 9 1956

AUG 9 1956

243-204-020-314

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
FEB 21 1922
VITAL STATISTICS

County of Elmore

City of Mtn Home

Registration District No. 34 File No. 98453

No. ____ St.

Hospital

Primary Registration District No. 2020 Registered No. 1

FULL NAME OF CHILD Norene Sullivan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Jan. 4, 1922

FATHER	MOTHER
FULL NAME Robert Leslie Sullivan	FULL MAIDEN NAME Vanasdour Ladd
RESIDENCE Mtn Home Ida.	RESIDENCE Mtn Home Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 20 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Ida.	BIRTHPLACE Ida.
OCCUPATION Farming	OCCUPATION

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:25 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) H E Evans
M D
(Physician or midwife)

Address Mtn Home Ida

Filed 2-1-1922 H E Evans

Registrar

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 18 1945

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

98454

City of Mt. Home

714-115-020-768 No. ..... St.

Registration District No. 34 File No. .....

Primary Registration District No. 2020 Registered No. 2

Hospital .....

FULL NAME OF CHILD Francisco Gamboa.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 15 1922

FATHER		MOTHER	
FULL NAME	George Gamboa	FULL MAIDEN NAME	Rita Goycochea
RESIDENCE	Mt. Home Idaho.	RESIDENCE	Mt. Home Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheep Raiser	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:30 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Evans M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 2-1-1922

J. E. Evans

Registrar

DEPARTMENT OF STATE

DEC 17 1962

465-227-020-365

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED FEB 21 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

Registration District No. 34 File No. 98455

No. ..... St.

Primary Registration District No. 2020 Registered No. 6

Hospital .....

FULL NAME OF CHILD Mariam Maxine Montrose

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	1-27-1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur D Montrose	FULL MAIDEN NAME	Lina P Congers
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Ida.
OCCUPATION	Ranching	OCCUPATION	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:35 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T E Evans

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mtn Home Ida

Filed 2-1-1922 T E Evans
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 14 1970

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Mtn Home

Place of Birth — Street:

Place of Birth — County: Elmore

File Number: 98455

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Jan. 27th 192?

Father: Arthur D. Monrose (Full Name)

Mother: Tina Conyers Monrose (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Marian Maxine Monrose

Child's Name in Full

A. D. Monrose

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

997-229-021-997

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98456

County of Franklin

City of Preston

No. ..... St.

Registration District No. 27 File No. .....

Hospital ..... Primary Registration District No. 2119 Registered No. 21

FULL NAME OF CHILD Zela Rigby

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1	no	Jan 29 1922

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Leslie Carnish	FULL MAIDEN NAME	Margaret Rigby
RESIDENCE	Dont Know	RESIDENCE	Preston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Dont Know	BIRTHPLACE	utah
OCCUPATION	machinist	OCCUPATION	House Keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos. B. Holder

Physician
(Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

Filed 2-10 1922 Mrs Ida Tippets
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-122-021-449

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98457

PLACE OF BIRTH

County of Franklin

City of Banida Ida.

No. ..... St.

Hospital .....

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. ~~275~~ 8

FULL NAME OF CHILD ~~Durant Lowe.~~ CONNEL DURRANT LOWE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male.		Yes.	Jan. (Month) 22 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Reuben Lowe.	FULL MAIDEN NAME	Annie Durrant.
RESIDENCE	Banida Ida.	RESIDENCE	Banida Ida.
COLOR	White. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Franklin Ida.	BIRTHPLACE	Franklin Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive. (Born alive or stillborn) at 12:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Ida.

Filed 2-10 1922 Mrs Ida Tippets

Registrar

Registrar

719-121-021-154

PLACE OF BIRTH

RECEIVED FEB 21 1922 STATE OF IDAHO BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Clifton

Registration District No. 27 File No. 98459

No. ..... St.

Primary Registration District No. 2119 Registered No. 24

Hospital at Home

FULL NAME OF CHILD Ernest A. Gailey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 21 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Vaughn Beesley Gailey	FULL MAIDEN NAME	Gladys Christina Anderson
RESIDENCE	Clifton	RESIDENCE	Clifton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Marshvalley Idaho	BIRTHPLACE	Sandy Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7:18 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Esther E. Lloyd Davis

Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed 2-10 1922 Mrs. Ida Tippets Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Clifton

File Number: 98459

Street:

Registration Dist. No.: 11

County: Franklin

Date of Birth: Jan 21 1922

Sex of Child: Male

Father: Vaughan Beesley Gailey (Full Name)

Mother: Gladys Christensen Gaile (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Earnest A. Gailey
Child's Name in Full

Mrs. Vaughan Gailey
Signature of Father or Mother

OVER

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

759-219-021-595

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED

CERTIFICATE OF BIRTH

County of Franklin

City of Clifton

No. ..... St.

Registration District No. 27 File No. 98460

Hospital .....

Primary Registration District No. 219 Registered No. 29

FULL NAME OF CHILD La Nana Perkins
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Jan 19 1922

What bactericidal solution was used in eyes? $AgNO_3$ 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Leroy Mendenhall Perkins	FULL MAIDEN NAME	Pearl Lillian Vickwey
RESIDENCE	Clifton	RESIDENCE	Clifton
COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Dayton	BIRTHPLACE	Clifton
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at at 1:40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. E. Belenson

Physician & Surgeon
(Physician or midwife)

Address Preston Idaho

Filed 2-10 1922 Mrs Ida Tippets
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF

BUREAU OF VITAL STATISTICS

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Dayton

Street:

County: Franklin

File Number: 98460

Registration Dist. No.: 12

Sex of Child: Female

Date of Birth: January 19 1922.

Father: LeRoy M. Perkins (Full Name)

Mother: Pearl Lillian Kirkwood (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

La Wana Perkins

Child's Name in Full

LeRoy M. Perkins

Signature of Father or Mother

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

261-215-021-419

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 1922

CERTIFICATE OF BIRTH

98461

County of Franklin

City of Clifton

No. ..... St.

Hospital

Registration District No. 27 File No.

Primary Registration District No. 2119 Registered No. 34

FULL NAME OF CHILD Josephine Prosser Swank

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.			yes	Jan. 15 1922

What bacteriedal solution was used in eyes? Argyrol 20 Pc

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lewis Swank	FULL MAIDEN NAME	Pearl Martin
RESIDENCE	Clifton	RESIDENCE	Clifton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Clifton, Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. A. Curtis

Physician

(Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Feb 1 1922 Mrs Ida Tippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
MAR 10 '22
BUREAU OF VITAL STATISTICS

Boise, Idaho, MAR. 7 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Clifton

Street:

County: Franklin

File Number: 98461

Registration Dist. No.: 27

Sex of Child: Female

Date of Birth: January 15th 192 2

Father: Lewis Swank (Full Name)

Mother: Pearl Alcinda Martin (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Josephine Prosser Swank
Child's Name in Full

Mrs Lewis Swank
Signature of Father or Mother

OVER

FEB 1 5 1973

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

DEC 17 1943

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

632-212-021-893

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Weston Ida.

No. ..... St.

Hospital .....

RECEIVED FEB 21 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

Registration District No. 27

File No. 98463

Primary Registration District No. 2119

Registered No. ~~272~~ 6

FULL NAME OF CHILD Lola Mary Olson.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Jan. (Month) 12 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Moses P. Olsen.	FULL MAIDEN NAME	Coila Mill.
RESIDENCE	Weston Ida.	RESIDENCE	Weston Ida.
COLOR	White. AGE AT LAST BIRTHDAY 28. (Years)	COLOR	White. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	College Ward Utah.	BIRTHPLACE	Richmond Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive. (Born alive or stillborn) at 5:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Slates

Physician. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Ida.

Registrar

Filed 2-16 1922 Mrs Ida Tippets Registrar

362-125-021-669

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Weston Ada

No. ..... St.

Hospital .....

Registration District No. 27 File No. 98469

Primary Registration District No. 2119 Registered No. 20

FULL NAME OF CHILD Russel M. Coburn
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	6 (To be answered only in event of plural births)	yes	Jan 25 1922

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	L. B. Coburn	FULL MAIDEN NAME	Elizabeth Worthington
RESIDENCE	Weston Ada	RESIDENCE	Weston Ada Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Weston Ada Idaho	BIRTHPLACE	Dayton Ada Idaho
OCCUPATION	Farmer	OCCUPATION	House Keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holder
Physician
(Physician or midwife)

Address Weston Ada Idaho

Filed 2-10 1922 Mrs Ida Tippets
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BI
LD FOR EACH CHILD AND THE SAME COMPLETED WI

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Weston Ida

Street:

County: Franklin

File Number: 98469

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Jan. 25th 1922

Father: Laurence Birtie Coburn
Full Name

Mother: Lillie Elizabeth Holverton
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Russel M. Coburn
Child's Name in Full

Laurence E. Coburn
Signature of Father or Mother

OVER

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

462-201-021-345 Amended 6/5/79

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ____ St. ____

Registration District No. 27 File No. 98476

Hospital ____ Primary Registration District No. 2119 Registered No. 22

FULL NAME OF CHILD Francine L Moser
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1	yes	Jan 1, 1922

What bactericidal solution was used in eyes? silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Arthur E Moser	FULL MAIDEN NAME	M E Lundquist
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Logan Utah	BIRTHPLACE	Preston Ida
OCCUPATION	Farmer	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, **at** 11 55 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holder
Physician
(Physician or midwife)

Address Preston Ida

Filed 2 10 1922 Mrs Ida Tippets
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Arizona
County of Maricopa } ss.

Certificate No. 98470
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth for Francine L. Moser (Female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan. 2, 1922 (Date of Event) in Weston (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's date of birth	Jan. 2, 1922	Jan. 1, 1922

Subscribed and sworn to before me this 14th day of March, 19 79.
Notary Public, June A. Woodworth
Residing at Mesa, Arizona
My commission expires 8/29/81
(Seal)

Henriette L. Glazier
Signature of Applicant
1314 E. 2nd Place, Mesa, Ariz
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona
County of Maricopa } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of March, 19 79.
Notary Public, June A. Woodworth
Residing at Mesa, Arizona
My commission expires 8/29/81
(Seal)

Edna L. Thompson
Supporting Signature
[illegible] Mesa, Arizona
Street Address, City, State

2-26-79

Family membership recodr to the LD Church gives name as Francine Codnie born Jan , 1922 at Weston, Idah. Father's name as XXXXXX Athrur E. Moser and mother's maiden name as Maren Elnora Lundwuist. Blessed Jan 26, 1922 and Baptized June 24, 1130.
xix viewed by V. S.

JUN 5 1979

Application to the Metropolitant Life Ins. co gives name as Ray C. Condie and wife;s name as Francine L. Condie born Jan 1,1932. dated July 2 3, 1962. viewed by V. S.

696-127-021-155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Weston

No. ..... St.

Registration District No. 27 File No. 98471

Hospital ..... Primary Registration District No. 2119 Registered No. 25

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan 27 1922

What bacterieidal solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Luther Jackson Fife	FULL MAIDEN NAME	Lucile Jensen
RESIDENCE	Weston, Idaho	RESIDENCE	Weston Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Providence Ut.	BIRTHPLACE	Weston, Ida.
OCCUPATION	Contractor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) T. E. Peterson

Physician

(Physician or midwife)

Address Preston, Ida.

Filed 2-10 1922 Miss Ida Tippets Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-214-021-386

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 2 1922

CERTIFICATE OF BIRTH

County of Franklin
City of Fairview
No. ..... St.
Hospital .....

Registration District No. 27 File No. 98472
Primary Registration District No. 2119 Registered No. 35

FULL NAME OF CHILD Gwelda Choules
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Jan 14 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Oliver J. Choules	FULL MAIDEN NAME	Myrtle Thompson
RESIDENCE	Fairview	RESIDENCE	Fairview
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Fairview	BIRTHPLACE	Fairview
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was bon alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Fuller Jr.
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Preston Idaho

Filed Feb 1 1922 Mrs Ita Tippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Fairview
- Street:
- County: Franklin

File Number: 98472

Registration Dist. No.:

Sex of Child: Female

Date of Birth: January 14 1922

Father: Oliver James Choules (Full Name)

Mother: Myrtle Irean Thompson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Gwelda Choules
Child's Name in Full

Myrtle T. Choules
Signature of Father or Mother

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

666-131-021-391 name added 1-29-88 lh

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of nFranklin.

No. ..... St.

Hospital .....

Registration District No. 27 File No. 98473

Primary Registration District No. 2119 Registered No. ~~278~~ 11

FULL NAME OF CHILD Paul Crandall Woodward

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male.		Yes.	Jan. (Month) 31 (Day) 22 (Year)

FATHER		MOTHER	
FULL NAME	Cecil Woodward.	FULL MAIDEN NAME	Bertha Crandall
RESIDENCE	Franklin Ida.	RESIDENCE	Franklin Ida.
COLOR	White. AGE AT LAST BIRTHDAY 40 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE	Franklin Ida.	BIRTHPLACE	Springville Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive. (Born alive or stillborn) at 2:50 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physicians (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Ida.

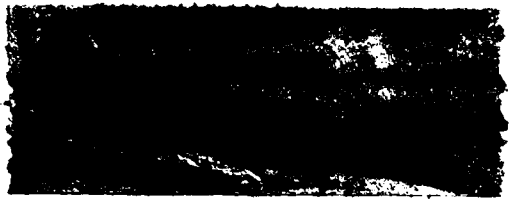
Filed 2-10 1922 [illegible] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



1-13-88

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
JAN 26 1988
VITAL STATISTICS UNIT

State of _____
County of _____ } ss.

Certificate No. 98473
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed male (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan. 31, 1922 (Date of Event)

in Franklin, Franklin Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
full name of child	unnamed	Paul Crandall Woodward

Subscribed and sworn to before me this 15 day of Jan, 1987.

Notary Public, Gordon Palmer

Residing at Preston Idaho

My commission expires lifetime

(Seal)

Paul C. Woodward
Signature of Applicant

3863 S. 4000 E 6ST
Street Address, City, State
FRANKLIN, Idaho 83237

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary XXX)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of Jan, 1987.

Notary Public, Gordon Palmer

Residing at Preston, Idaho

My commission expires lifetime

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

JAN 2 9 1988

Record of Baptism from LDS Church gives name as Paul Crandall Woodward son of Cecil Woodward & Bertha Crandall, born Jan. 31, 1922 at Franklin, Franklin Co., ID. Baptized Jan. 31, 1930 by Cecil Woodward.
Viewed by VS.

Certificate of Ordination as a Priest in the LDS Church gives name as Paul Crandall Woodward born Jan. 31, 1922 in Franklin, Franklin, ID to Cecil Woodward and Bertha Crandall. Ordained Feb. 5, 1939.
Viewed by VS.

846-230-021-366

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 21 1922

CERTIFICATE OF BIRTH

98474

County of Franklin
City of Franklin
No. ..... St.
Hospital .....

Registration District No. 27 File No. .....
Primary Registration District No. 2119 Registered No. 38

FULL NAME OF CHILD Donna Lowe Huff
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	1 30 1922

What bactericidal solution was used in eyes? Arg. nat. 20%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Sparrel E. Huff	FULL MAIDEN NAME	Gennie Lowe
RESIDENCE	Franklin	RESIDENCE	Franklin
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Virginia	BIRTHPLACE	Franklin
OCCUPATION	Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Normal, at 2 25 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Preston, Idaho

Filed Feb. 1 1922 Mrs Ida Tippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 25 1961

395-124-021-433

PLACE OF BIRTH

County of Franklin

City of Preston

No. _____ St.

Hospital _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 98475

Primary Registration District No. 2119 Registered No. 37

FULL NAME OF CHILD Stanley John Treasure

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.		yes.	1 24 1922

What bacteriocidal solution was used in eyes? 2.0 % Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	James Treasure Jr	FULL MAIDEN NAME	Marthastine McClurg
RESIDENCE	Downey Ida	RESIDENCE	Downey Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Downey Ida	BIRTHPLACE	Weston Ida
OCCUPATION	Farming	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A R Cutler

Physician

(Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Feb 2 1922 Mae Ida Tippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, MAR 7 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston; Street: ; County: Franklin

File Number: 98475

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Jan. 24 192 2

Father: James Treasure Jr. (Full Name)

Mother: Martha A. McClurg (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Stanley John Treasure
Child's Name in Full

Mrs James Treasure Jr.
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

319-201-021-533

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Preston Ida.

No. ..... St.

Hospital .....

Registration District No. 27

File No. 98476

Primary Registration District No. 2119

Registered No. ~~268~~ 2

FULL NAME OF CHILD Dona Larsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female.		Yes.	Jan. 1 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ivan Larsen.	FULL MAIDEN NAME	Leona Ellis.
RESIDENCE	Preston Ida.	RESIDENCE	Preston Ida.
COLOR	White. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Cove Utah.	BIRTHPLACE	Smithfield Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. at 7:10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Slates

Physician.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Ida.

Filed Feb 1922 Mrs Ita Tippets
Registrar

Registrar
Dept

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEVERAL REASONS WHY A CERT[illegible] OF [illegible]

[illegible] EACH CHILD AND THE SAME

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston

Street: .....

County: Franklin

File Number: 98476

Registration Dist. No. .....

Date of Birth: Jan. 1 1922.

Sex of Child: Female

Father: Ivan Lomush Larsen (Full Name)

Mother: Julia Leona Ellis (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Dona Larsen (Child's Name in Full)

Mrs. Ivan Larsen (Signature of Father or Mother)

OVER

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

815-204-027-141

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Preston Ida.

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 98477

Registered No. ~~269~~ 3

FULL NAME OF CHILD Mildred. HANCEY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.		Yes.	Jan. 4 1922

FATHER		MOTHER	
FULL NAME	Moses Hancey.	FULL MAIDEN NAME	Tamas Adamson.
RESIDENCE	Preston Ida.	RESIDENCE	Preston Ida.
COLOR	White. AGE AT LAST BIRTHDAY 44 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE	Hyde Park Utah.	BIRTHPLACE	Franklin Ida.
OCCUPATION	Electrician.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 7:22A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Stites

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Ida.

Registrar

Filed 2-10 1922 Mrs Ida Tippits Registrar

Dept.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 29 1965

SSS-211-021-884

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 98478

Registered No. 271-5

FULL NAME OF CHILD Vera Neeley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female.		Yes.	Jan. 11 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lorin Neeley.	FULL MAIDEN NAME	Jennie Hymas.
RESIDENCE	Preston Ida.	RESIDENCE	Preston Ida,
COLOR	White. AGE AT LAST BIRTHDAY 31 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Riverdale Ida.	BIRTHPLACE	Hyde Park Utah.
OCCUPATION	Implement Merchant.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive. (Born alive or stillborn) at 12:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Ida.

Filed 2-10 1922 Mrs Ida Tippets Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 18 19

451-215-021-955

Form V. S. No. 11-C—25m-9-3-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston Ida.

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 98479

Registered No. ~~273~~ 7

FULL NAME OF CHILD ~~Dolores~~ Elizabeth Meade

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female.		Yes.	Jan. 15 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Meade.	FULL MAIDEN NAME	Una K. Rencher.
RESIDENCE	Preston Ida.	RESIDENCE	Preston Ida.
COLOR	White. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Philadelphia. Pa.	BIRTHPLACE	Blanco Texas.
OCCUPATION	Machinist.	OCCUPATION	Teacher.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Ida.

Registrar

Filed 2-10 1922 Mrs. Ida Tippets Registrar Dept.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 30 1942

142-104-027-215

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
Form V. S. No. 11-C—25m-9-21

CERTIFICATE OF BIRTH

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

County of Franklin

City of Preston Registration District No. 27 File No. 98481

No. ..... St. Primary Registration District No. 2119 Registered No. 17

Hospital Leonne

FULL NAME OF CHILD Don L. Austin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	Jan. 4 1922

FATHER	MOTHER
FULL NAME Earnest B Austin	FULL MAIDEN NAME Lonie Hunt
RESIDENCE Preston	RESIDENCE Preston
COLOR White AGE AT LAST BIRTHDAY 28 (Years)	COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Cleveland Idaho	BIRTHPLACE Treasurton Idaho
OCCUPATION Farmer	OCCUPATION Housekeeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive) at 5:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Granny McQueen

(Physician) midwife)

Address Preston Franklin Co Ida

Given names added from a supplemental report.

..... 19.....

Filed 2-16 19 22 Mrs Ida Tippets Registrar

..... Registrar

Dept

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

27 1942

552-214-021-996

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 21 1922

CERTIFICATE OF BIRTH

98482

County of Franklin
City of Preston
No. ..... St.
Hospital .....

Registration District No. 27 File No. .....
Primary Registration District No. 2119 Registered No. 27

FULL NAME OF CHILD Donna Faye Nebeker
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Jan 14 1922

What bactericidal solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	David Ashton Nebeker	FULL MAIDEN NAME	Lucile Irwin
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Basalt Colo
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 45 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. E. Betenson
Physician
(Physician or midwife)

Address Preston, Ida.

Filed 2-16 1922 Mrs Ida Lippels
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR [illegible] 1942

385-208-021-893

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin
City of Preston
No. ..... St.
Hospital

Registration District No. 27 File No. 98483
Primary Registration District No. 2119 Registered No. 28

FULL NAME OF CHILD Goldie Maise Chatterton
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 8 1922

What bacteriocidal solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Roland James Chatterton	FULL MAIDEN NAME Martha Jennett Hill
RESIDENCE	Preston	Preston
COLOR	W.	W.
AGE AT LAST BIRTHDAY	31 (Years)	31 (Years)
BIRTHPLACE	Salt Lake City, Ut.	Springville Ut.
OCCUPATION	Watchman	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. E. Peterson
Physician
(Physician or midwife)

Address Preston

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 2-10 1922 Mrs Ida Tippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

READ CAREFULLY

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston Idaho

Street: .....

County: Franklin

File Number: 98483

Registration Dist. No. .....

Date of Birth: Jan 8 1922

Sex of Child: Female

Father: Roland James Chatterton (Full Name)

Mother: Martha Jennet Hull Chatterton (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Dolelia Marie Chatterton

Child's Name in Full

Roland J. Chatterton

Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

819-204-021-369

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 98484

Primary Registration District No. 2119 Registered No. 29

FULL NAME OF CHILD Joseph Harding

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Jan. 4 1922

What bacterieidal solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth 4th Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Albert Frederick Harding	FULL MAIDEN NAME Bertha Corbridge
RESIDENCE Preston	RESIDENCE Preston
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Whitney Idaho	BIRTHPLACE Preston
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos. E. Benerson

Physician

(Physician or midwife)

Address Preston Idaho

Filed 2-10 1922 Mrs. Ida Tappide

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-208-021-319

PLACE OF BIRTH

RECEIVED FEB [illegible] 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 98485

Primary Registration District No. 2119 Registered No. 32

FULL NAME OF CHILD Mozell Larson Millard
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth 1 (Month) 8 (Day) 1922 (Year)

What bactericidal solution was used in eyes? Ag. 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Oliver E. Millard	FULL MAIDEN NAME	Melinda Larson
RESIDENCE	Preston, Idaho	RESIDENCE	Preston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Preston	BIRTHPLACE	Preston
OCCUPATION	Contractor & Builder	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler Jr.

Physician
(Physician or midwife)

Address Preston Idaho

Filed 2-11 1922 Mrs Ida Tippett
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 1922 192

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston; Street: ; County: Franklin

File Number: 98485

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Jan. 8 1922.

Father: Oliver Edwin Millard (Full Name)

Mother: Marinda Larson Millard (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mozell Larson Millard
Child's Name in Full

Marinda L. Millard
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

336-209-021-653

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 98486
Local Reg. No.
Reg. Dist. No. 27

Amended 6/7/78

1. PLACE OF BIRTH

a. COUNTY: Franklin

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Preston

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Franklin

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Preston

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Thelma b. (Middle): c. (Last): Lloyd

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Jan. 9, 1922

Time: 3:15 AM

FATHER OF CHILD

7. FULL NAME

a. (First): J. b. (Middle): H. c. (Last): Lloyd

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
25 YEARS	Dayton, Idaho	Leborer	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Hariette b. (Middle): c. (Last): Wells

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
24 YEARS	Preston, Idaho	1		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: A. R. Cutler, Jr.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Preston, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 2-11-22

22. REGISTRAR'S SIGNATURE: Mrs. Ida Lippets

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed?

e district where the birth occurred WITHIN 10 days after the date of birth. [illegible]
OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 9 3 52 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Franklin } ss.

Certificate No. 98486

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ada Lloyd (Name on Original Certificate) who was born (Was Born or Died) on Jan. 9, 1922 (Date of Event)
in Preston, Idaho (Franklin) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Ada Lloyd	Thelma Lloyd

Subscribed and sworn to before me this 8 day of May, 1978

Notary Public, residing at Preston, Idaho
My commission expires 3-4-82
(Seal)

Signed Harriet Wells Lloyd
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Franklin } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of May, 1978

Notary Public, residing at Preston, Idaho
My commission expires 3-4-82
(Seal)

Signed (Brother) Lynn W. Lloyd
(Signature of Any Credible Person)

3166 N. Main View Dr. N. Ogden, Utah
(Street Address, City, State)

FORM DH 60-155

CL 4/13/78 1cc pd.

American Legion and Auxiliary Cradle Roll gives name as Thelma Lloyd born Jan 9, 1922 .father's name as Joseph Hyrum Lloyd and mother's name as Harriet Wells. dated June 1930. viewed by V. S.

Certif of Blessing from the LDS Church gives name as Thelma Lloyd daughter of Joseph Lloyd and Harriet Wells. born Jan 9, 1922 at Preston, Idaho. Blessed Mar. 5, 1922. xxw viewed by V.S.

851-112-021-465

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 98487

County of Franklin

City of Preston

No. ..... St.

Registration District No. 27

Hospital

Primary Registration District No. 2119 Registered No. 39

FULL NAME OF CHILD Serge Conrad Head

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			yes.	1 12 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Serge S. Head	FULL MAIDEN NAME	Grace Montague
RESIDENCE	Preston Idaho	RESIDENCE	Preston
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Preston, Ida.	BIRTHPLACE	Grace, Idaho
OCCUPATION	Draysman.	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) C. R. Cutler M.D.

Physician
(Physician or midwife)

Address Preston Ida.

Filed 2-11 1922 Mrs Ida Lupcho
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...VERAL REASONS WHY A CERTIFICATE OF
...R EACH CHILD AND THE SAME COMPLETE

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston

Street:

County: Franklin

File Number: 98487

Registration Dist. No.:

Date of Birth: Jan 12 1927

Sex of Child: Male

Father: Sergt. S. Head (Full Name)

Mother: Grace Leora Montague (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Sergt Conrad Head (Child's Name in Full)

Sergt S Head (Signature of Father or Mother)

OVER

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

296-103-021-916

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of BattleCreek Ida.

Registration District No. 27

File No. 98488

No. ..... St.

Primary Registration District No. 2119

Registered No. ~~267~~ 1

Hospital .....

FULL NAME OF CHILD CLAUDE R. BRONSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male.		Yes.	Jan. (Month) 3 (Day) 22 (Year)

FATHER		MOTHER	
FULL NAME	Elbert Bronson.	FULL MAIDEN NAME	Elsie Elizabeth Rawlings.
RESIDENCE	Preston R. - 2.	RESIDENCE	Preston R. - 2.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Fairview Ida.	BIRTHPLACE	Fairview Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 11:40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Ida.

Filed 2-10 1922 Mrs Ida Tippets Registrar

Registrar

Dept.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 98488

State of Idaho }
County of Kootenai } ss.

OCT 8 1943

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Claude R Bronson (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on Jan 3 1922 (Date of Event)

in Coeur d'Alene (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church (Bible Record, Insurance Policy, Etc.) prepared on 5th day of February 1927 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Claude R. Bronson

Subscribed and sworn to before me this 5th day of October, 1943

T E Council

Notary Public, residing at Paul

My commission expires 18th day of Sept. 1945

(Seal)

Signed Mrs E. E. Bronson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Paul Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Kootenai } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of October, 1943

T E Council

Notary Public, residing at Paul Ida

My commission expires Sept 18-45

(Seal)

Signed Jennie Lind
(Signature of Any Credible Person Other Than Previous Year)

Paul Idaho
(Street Address, City, State)

OCT 22 1943

693-106-021-849

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Treasureton Ida. Registration District No. 27 File No. 98489

No. St. Primary Registration District No. 2119 Registered No. 4

Hospital

FULL NAME OF CHILD Cyril Purcell Williams

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes,	Jan. 6 1922

FATHER	MOTHER
FULL NAME C. A. Williams.	FULL MAIDEN NAME Florence Hurst.
RESIDENCE Treasureton Ida.	RESIDENCE Treasureton Ida.
COLOR White. AGE AT LAST BIRTHDAY 34 (Years)	COLOR White. AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Oxford Ida.	BIRTHPLACE Salt Lake City, Utah.
OCCUPATION Farmer.	OCCUPATION housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive. at 11 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Stutes

physician
(Physician or midwife)

Address Preston Ida.

Given names added from a supplemental report.

.....19.....

Registrar

Filed 2-10-19 22 Mrs. Ida Tippett
Registrar
Dept.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

862-224-021-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Roosevelt Ida.

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 98490

Primary Registration District No. 2119 Registered No. ~~276~~ 9

FULL NAME OF CHILD Erma. W. Hobbs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.		Yes.	Jan. 24 1922

FATHER		MOTHER	
FULL NAME	John S. Hobbs.	FULL MAIDEN NAME	Erma W. Wilcox,
RESIDENCE	Roosevelt Ida.	RESIDENCE	Roosevelt Ida.
COLOR	White. AGE AT LAST BIRTHDAY 39 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE	Franklin Ida.	BIRTHPLACE	Salt Lake City, Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 6120 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Ida.

Filed 2-10 1922 Mrs Ida Tippets Registrar

Registrar

Dept

JUN 1 1949

Amended 4-13-60

PLACE OF BIRTH

219-228-021-318

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Riverdale, Idaho

No. ..... St.

Registration District No. 27 File No. 9891

Hospital ..... Primary Registration District No. 2110 Registered No. 10

FULL NAME OF CHILD Lenna Barrington
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Jan. 28, 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Louis Barrington	FULL MAIDEN NAME: Elva Taylor
RESIDENCE: Riverdale, Ida.	RESIDENCE: Riverdale, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Riverdale, Ida.	BIRTHPLACE: Preston, Ida.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

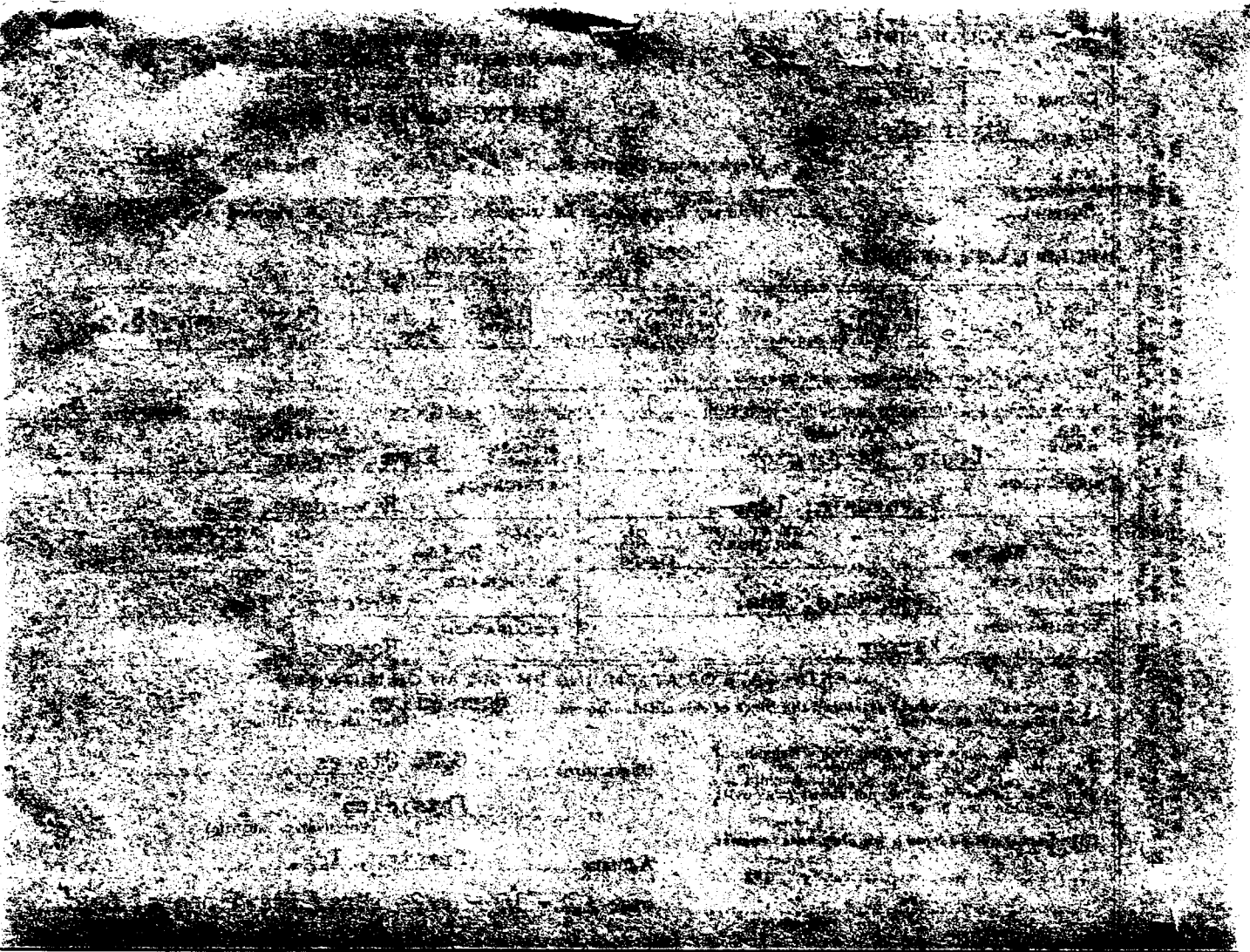
(Signature) G.W. States

Physician
(Physician or midwife)

Address Preston, Ida.

Filed 2 - 10 - 1922 Mrs. Ida Tippets, Dep.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



[redacted] Certificate of Blessing [redacted] 1922 [redacted] full [redacted]
Barrington, born January 28, 1922 at Riverdale, Idaho to Lewis A. Barrington and Elva Taylor - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Franklin } ss.

Certificate No. 98491
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Lena Barrington (Name on Original Certificate) who was born (Was Born or Died) on Jan 28, 1922 (Date of Event) in Riverdale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Child's birth certificate (Bible Record, Insurance Policy, Etc.) prepared on #341952 on file Idaho Vital Statistics (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Lena Barrington	Lenna Barrington

Subscribed and sworn to before me this 18th day of March, 1960
Selma Barker
Notary Public, residing at Preston, Idaho
My commission expires 12-28-60
(Seal)

Signed Lewis A Barrington
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 2, Preston, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Franklin } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of March, 1960
Selma Barker
Notary Public, residing at Preston, Idaho
My commission expires 12-28-60
(Seal)

Signed Elva J Barrington
(Signature of Any Credible Person)
Route 2, Preston, Idaho
(Street Address, City, State)

K FORM DPH 55. 155

ISS-111-021-753

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Minkereek

No. ..... St.

Hospital .....

Registration District No. 27 File No. 98492

Primary Registration District No. 2119 Registered No. 30

FULL NAME OF CHILD Reed P Jensen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Jan 11 1922

What bactericidal solution was used in eyes? Boarcarid

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Daniel Jensen	FULL MAIDEN NAME	Mahaula Petersen
RESIDENCE	Minkereek Ido	RESIDENCE	Minkereek Ido.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Minkereek Ido	BIRTHPLACE	Minkereek Ido
OCCUPATION	Farmer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Rasmussen
(Physician or midwife)

Address Minkereek Ido.

Filed 1-10 1922 Mrs Ida Tippets
Registrar.

Give names added from a supplemental report.

....., 192....

Born 1-30 a.m. Registrar.

DEC 3 19[illegible]

253-212-021-595

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Franklin

City of Mink Creek

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 98493

Primary Registration District No. 2119 Registered No. 23

FULL NAME OF CHILD Ruth Beth Bell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Jan. 12 1922

FATHER		MOTHER	
FULL NAME	Conrad Bell	FULL MAIDEN NAME	Emma Marie Nielsen
RESIDENCE	Mink Creek	RESIDENCE	Mink Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Weston	BIRTHPLACE	Logan Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Serena Christensen

Midwife (Physician or midwife)

Address Mink Creek Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 2-11 19 22 Mrs. Ida Tippett Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC WEL...

Boise, Idaho, MAR 7 - 1928 ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Mink creek

Street: .....

County: Franklin

File Number: 98493

Registration Dist. No.: 27

Sex of Child: Female

Date of Birth: Jan 12 192 2

Father: Conrad Bell (Full Name)

Mother: Emma M. Nelson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Rula Beth Bell (Child's Name in Full)

Emma M. Bell (Signature of Father or Mother)

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

815-127-021-577

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
FEB 9 1928
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98494

County of Franklin
City of Mink Creek
No. ..... St.
Registration District No. 27
File No. .....
Hospital .....
Primary Registration District No. 2119
Registered No. 36

FULL NAME OF CHILD Verdon Reed Hansen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			yes.	1 27 1927

What bacterieidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Andrew M. Hansen	FULL MAIDEN NAME	Emma Eggley
RESIDENCE	Mink Creek.	RESIDENCE	Mink Creek
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Mink Creek.
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler
Physician
(Physician or midwife)

Address Preston, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Feb 1 1928 Mrs Ida Sippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 - 1922 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Irwin Creek Ida

Street:

County: Franklin

File Number: 98494

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Jan 27 1922

Father: Andrew M. Hansen (Full Name)

Mother: Emma Delilah Egley (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Verdon Reed Hansen
Child's Name in Full

Emma D. Hansen
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

THIS CERT[illegible]
LAKE CITY[illegible]

315-201
021-261

PLACE OF BIRTH

STATE BOARD OF HEALTH FILE NO. 98496

CERTIFICATE OF BIRTH

STATE OF IDAHO

County of ~~Cache~~ Franklin

Precinct of

Town or Village of Whitney

City of

Street and No.

If in Hospital or other institution, give its name instead of Street and number.

FULL NAME OF CHILD GEORGIA TANNER { If child is not yet named, make supplemental report as directed

Sex of Child	Twin, triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan 1 1922

	FATHER	MOTHER
FULL NAME	Joseph D. Tanner	FULL MAIDEN NAME Lucy Swainston
RESIDENCE	~~River Dale~~ Idaho	RESIDENCE River Dale Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	North Powder Ore	BIRTHPLACE Whitney, Idaho
OCCUPATION	Farmer	OCCUPATION Housewife

Number of children born to this mother, including present birth 1

Number of children of this mother now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, and that it occured on Jan 1 1922 at 1:20 A M

Premature No or Still Birth? No (Yes or No)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signature) A. R. McGee

Date Jan 15 1922

(Physician or Midwife

Address of Physician or Midwife Logan Ut

Given name added from supplemental report

.....19

.....
Registrar

Filed 2-1-1922 Mrs. Ida Tippetts
Registrar

Registered No. 40 Reg Dist No 27
Primary Reg Dist No 2119

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. SEE INSTRUCTIONS ON OTHER SIDE.

Information for Physicians, Midwives, Parents and Others Required to Report Births

Section 5050, Compiled Laws of Utah, 1917. That all births that occur in the State shall be immediately registered in the district in which they occur, as hereinafter provided.

REPORTS

Sec. 5051, Compiled Laws of Utah, 1917. That it shall be the duty of the Attending Physician or Midwife to file a certificate of birth, giving all the particulars required by this Act, with the local registrar of the district in which the birth occurred, within ten days after the date of birth. And if there be no attending physician or midwife, then it shall be the duty of the Father of the child, Householder or Owner of the premises, Manager or Superintendent of Institution in which the birth occured, to file said certificate of birth with the local registrar within three days after the birth.

EVERY ITEM OF INFORMATION IS IMPORTANT AND MUST BE SUPPLIED.

The Full Name of the child is necessary for identification. If the child is not named when the report is made, get a blank from local registrar and make return of name as soon as child is named.

DO NOT OMIT ANY FACTS RELATING TO THE PARENTS OF THE CHILD.

Section 5055, Compiled Laws of Utah, 1917, provides that: * * * "All Physicians, Midwives, Informants * * * connected with any case, and all other persons having knowledge of the facts, are hereby required to furnish such information as they may possess regarding any birth or death, upon demand of the State Registrar, in person, or by mail, or through the local registrar." * * * The State Registrar will not accept as complete a certificate with this data omitted without satisfactory explanation for failure to report same.

When no physician or midwife attended a birth, the persons required to make the report in the order specified in Sec. 5051 shall strike out the words "I hereby certify that I attended the Birth of above child," and write in lieu thereof the word "No Physician or Midwife," filling out the remainder of the certificate as the law requires and sign as father, householder, etc., as the case may be, with his address.

INSTRUCTIONS TO LOCAL REGISTRARS.

Read carefully the law relating to the registration of births and do not allow your supply of blanks to become exhausted before requesting more.

Carefully examine each certificate as soon as it is filed and if the facts required by law are not all supplied, return same for complete report. Enter the date of filing in your office immediately; give the certificate its proper registered number and make a copy of the original certificate for your local record. If the name of the child is not reported give the person who made the return a blank for supplemental report of name and direct that it be sent to you as soon as the child is named.

Send all original certificates to the State Board of Health on or before the fifth of the month. If the supplemental report of name of child has not yet been filed, send the certificate and forward the latter report as soon as received after entering name or other fact on your copy. If the child died before being named, the report should be made with the statement "died unnamed."

PENALTY.

Sec. 5059, Compiled Laws of Utah, 1917. And any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 5051 of this Act, who shall neglect or refuse to file a proper certificate of birth with a local registrar, within the time required by this Act, shall be deemed guilty of a misdemeanor. * * * And any registrar, or deputy registrar, who shall neglect or fail to enforce the provisions of this Act in his district, or shall neglect or refuse to perform any of the duties imposed upon him by this Act or by the instructions and directions of the State Registrar, shall be deemed guilty of a misdemeanor. * * * Any person convicted of a misdemeanor under the provisions of this Act, shall be fined in any sum not less than ten dollars nor more than two hundred dollars.

Blank birth certificates may be obtained from Local Board of Health, Local Registrars or the State Board of Health.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of - Idaho }
County of Franklin } ss.

Certificate No. 98496

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on May 29, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Georgia Tanner

Subscribed and sworn to before me this 29th day of May, 19 42

Notary Public, residing at Preston, Idaho

My commission expires 1-21-42

(Seal)

Signed x Joseph S. Tanner

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Preston, Ida. R. F. D. #2

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19 .

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 3 1942

464-204-022-533

Form V. S. No. 11—20m-7-26-19

PLA[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
MAR 4 1922
BUREAU OF VITAL STATISTICS

County of Fremont

City of St Anthony

Registration District No. 99 File No. 98497

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Jane J. Woolsey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
female	1			yes	1	4	1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Cody Woolsey	FULL MAIDEN NAME	Nancy Elliott
RESIDENCE	Ida	RESIDENCE	Ida
COLOR	white	COLOR	
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ida	BIRTHPLACE	Mo
OCCUPATION	farmer	OCCUPATION	mother

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno. R. Gray
Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar.

Filed 2 ( ) 1922 W B West
Registrar.

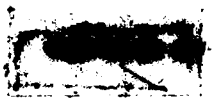
MARGIN R...

WRITE PLAINLY WITH UNFADING INK—THIS ... PERMANENT RECO...

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for ... and the number of each, in order of birth stated.

K

MA



DECEASED

162-716-022-243

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED MAR 4 1922 BUREAU OF VITAL STATISTICS

County of Fremont

City of Newdale

Registration District No. 99 File No. 98498

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Leonard Lawrence Josephson

Sex of Child male | Twin Triplet or other? 1 and Number in order of birth 1 (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 1 (Month) 16 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Lawrence Josephson	FULL MAIDEN NAME	Gladys Butler
RESIDENCE	Newdale Ida	RESIDENCE	Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	mother

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno R Gray
Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar.

Filed 2 10 1922 W B Wrax
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 25 1967

SEP 26 1956

MAY 3 1943

DECEASED

751-219-022-755

PLACE OF BIRTH

amend 3-31-83

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

MAR 4 1922
BUREAU OF VITAL STATISTICS

County of Fremont

City of St Anthony

Registration District No. 96 File No. 98499

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Billie LaRue Pearce

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
female	1		1	yes	1	19	1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm T Pearce	FULL MAIDEN NAME	E LaRue Pendrey
RESIDENCE	Mont	RESIDENCE	Mont
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Mont	BIRTHPLACE	Utah
OCCUPATION	Miner	OCCUPATION	Mother

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno R Gray
Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar.

Filed 2 14 1922 W B Wert
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

8-17-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of IDAHO
County of CUSTER } ss.

JAN 29 19 27

Certificate No. 98499
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Billy LaRue Pearce (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan 19, 1922 (Date of Event)

in St. Anthony (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs first name	Billy	Billie

Subscribed and sworn to before me this 5th day of March, 19 83

Notary Public, Eleanor Hallman

Residing at Mackay Idaho

My commission expires 11-6-83

(Seal)

X Billie LaRue Stewart
Signature of Applicant

Arco Idaho Rt 1 Box 30 ZIP 83213
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Judy Ford
Supporting Signature

Rt 1 Mackay Idaho 83251
Street Address, City, State

Elementary School Diploma gives Billie Shaffer completed course of study in Madison County state of Montana on June 1, 1938. Viewed by V.S.

MAR 31 19

Mackay High School Diploma gives Billie LaRue Shaffer graduated on May 14, 1942. Viewed by V.S.

665-112-022-993

PLACE OF BIRTH

Form V. S. No. 11—[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of ~~St Anthony~~ Teton

Registration District No. 44 File No. 98500

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Blaine Eugene Owens

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
male	1		1	yes	1	12	1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Gene Owens	FULL MAIDEN NAME	Ethel Richmon
RESIDENCE	Ida	RESIDENCE	Ida
COLOR	white	COLOR	
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	mother

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1/12/5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno R Gray

Phys

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar.

Filed 2 10 1922 W. O. West Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 14 1969

JUL 14 1969

261-202-022-212

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Ashton

RECEIVED MAR 6 1922 BUREAU OF VITAL STATISTICS

Registration District No. 102 File No. 198505

No. St.

Primary Registration District No. 6 Registered No. 97

Hospital

FULL NAME OF CHILD Margaret June Swanstrum

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes.	2 (Month) 2 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Fred P. Swanstrum	FULL MAIDEN NAME	Margaret Baker Swanstrum
RESIDENCE	Ashton, Idaho.	RESIDENCE	Ashton, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Wisconsin
OCCUPATION	Banker.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Yeocham

Phys. (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Ashton, Ida.

Filed 1-3- 1922 C. C. Yeocham Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
APR 1 1922
BUREAU OF VITAL

Boise, Idaho, MAR 7 - 1922 192

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital impo ance to have the full name included in the record. Kindly fill in the information requested in the blank bel and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Ashton

File Number: 98595

Street:

Registration Dist. No.:

County: Fremont

Date of Birth: Feb 2 192

Sex of Child: Female

Father: Frederick Philip Swanstrum (Full Name)

Mother: Margaret Baker (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Margaret Jane Swanstrum
Child's Name in Full

Margaret Swanstrum
Signature of Father or Mother

FEB 1 1971

MAY 1 1 1942

EVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

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registration is part of every child's birthright.
tablishes legally the date of the child's birth, parentage
y.
nables the Public Health Nurse to make sure the child has
d from danger of blindness and other infections at birth.

- - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

e correct age for purposes of school attendance.
ployment.
otection under the law.
litary and jury duty.
ght to travel unmolested in foreign lands.
ght to vote.
ght to receive pensions and inherit property.
rnishes acceptable evidence of genealogy.
ght to get married.
st at this time while many of the Ex-Service men are com-
nish certified copies of certificates of birth, it is im-
the certificates be filed with the BUREAU OF VITAL STATIS-
same completed by furnishing the name of the child.

LEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

769-102-022-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAR 6 1922

County of Fremont

City of Ashton — Registration District No. 104 — File No. 98506

No. ____ St. — Primary Registration District No. 6 — Registered No. 98

Hospital ____

FULL NAME OF CHILD Willard Jack Porter

Sex of Child Male | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes. | Date of Birth 2 (Month) 2 (Day) 1922 (Year)

FATHER

FULL NAME Melvin Homan Porter

RESIDENCE Ashton, Ida.

COLOR White. AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Utah.

OCCUPATION Grain Buyer.

MOTHER

FULL MAIDEN NAME Ada Carlson Porter

RESIDENCE Ashton, Ida.

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE ~~Ida~~ Idaho.

OCCUPATION Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Meacham

Phys.
(Physician or midwife)

Address Ashton, Ida.

Given names added from a supplemental report.

____ 19____

Registrar

Filed 2-3-1922 C. W. Meacham
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DRAFT NO BIDS

RECEIVED
APR 10 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Ashton, Idaho.

Street: .....

County: Fremont

File Number: 98506

Registration Dist. No.: .....

Date of Birth: February 1st. 1922.

Sex of Child: Male

Father: Melvin Homer Porter
Full Name

Mother: Ada Carlson
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Willard Jack Porter
Child's Name in Full

M. H. Porter
Signature of Father or Mother

P. C. 4-24-41

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

369-214-022-293

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED MAR 6 1922 BUREAU OF VITAL STATISTICS

County of Fremont

CERTIFICATE OF BIRTH

City of Ashton

Registration District No. 10

File No. 98507

No. ..... St.

Primary Registration District No. 6

Registered No. 99

Hospital .....

FULL NAME OF CHILD Allie Emelene Cordingley.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes.	2-14-1922

FATHER		MOTHER	
FULL NAME	Ernest Cordingley	FULL MAIDEN NAME	Octava Kitty Cordingley.
RESIDENCE	Marysville, Ida.	RESIDENCE	Marysville, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. McEachern

Phys.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ashton, Idaho.

Filed 1-14-22 19....

C. C. McEachern
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 98507

County of Fremont } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Allie Cordingley (Name on Original Certificate) who Born (Was Born or Died) on Feb. 14, 1922 (Date of Event)

in Marysville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Blessing (Bible Record, Insurance Policy, Etc.) prepared on March 5, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Allie	Emelene Allie Cordingley
Surname	Cordingly	Cordingley

Subscribed and sworn to before me this 23 day of September 1942

Paul P. Stone

Notary Public, residing at Ashton, Idaho

My commission expires July 16-1945 (Seal)

Signed Octavia Cordingley (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Marysville, Idaho. (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Fremont }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of September 1942

Paul P. Stone

Notary Public, residing at Ashton, Idaho.

My commission expires July 16-1945 (Seal)

Signed Ward W. Reynolds (Signature of Any Credible Person Other Than Previous Year)

Marysville Ida (Street Address, City, State)

APR 21 1975

SEP 29 1942

199-213-022-666

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Fremont

City of Ashton

No. ..... St.

Hospital .....

RECEIVED MAR 6 19 BUREAU OF STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 102 File No. 98508

Primary Registration District No. 6 Registered No. 100

FULL NAME OF CHILD Laura Ludine Airhart

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes.	2-13-1922

FATHER		MOTHER	
FULL NAME	Geo. H. Airhart.	FULL MAIDEN NAME	Rhoda Wood Airhart.
RESIDENCE	Marysville, Ida.	RESIDENCE	Marysville, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Ohio.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Meacham.

Phys. (Physician or midwife)

Address Ashton, Ida.

Given names added from a supplemental report.

..... 19....

Registrar

Filed 2-14-1922 C. C. Meacham Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 6 1973

765-219-022-819

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED MAR 6 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98509

County of Fremont

City of Ashton

Registration District No. 102 File No. 1

No. ..... St.

Primary Registration District No. 6 Registered No. 101

Hospital .....

FULL NAME OF CHILD Florence Louise Goebel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes.	2 - 19 - 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Homer M. Goebel	FULL MAIDEN NAME	Lena Harrigfeld Goebel
RESIDENCE	Ashton, Ida.	RESIDENCE	Ashton, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Germany.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Mcclaughlin
Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ashton, Ida.

Filed 2-20- 1922 C. C. Mcclaughlin
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RD
1922

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAR 7 - 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: On farm near Ashton

Street: .....

County: Fremont

File Number: 98509

Registration Dist. No. .....

Date of Birth: February 19 .....192 2.

Sex of Child: Female

Father: Homer M. Goebel (Full Name)

Mother: Lena E. Harrigfeld (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Florence Louise Caroline Goebel
Child's Name in Full

Homer M. Goebel
Signature of Father or Mother

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

864-120-022-449

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Ashton

RECEIVED
MAR 6 1922
BUREAU OF VITAL STATISTICS

Registration District No. 2 File No. 98510

No. St.

Primary Registration District No. 6 Registered No. 102

Hospital

FULL NAME OF CHILD Edward ~~Hodges~~ Louis Hodges

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes.	2 (Month) 20 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	William L. Hodges.	FULL MAIDEN NAME	Nellie Myrtle Durand ~~Margaret D. Hodges~~
RESIDENCE	Ashton, Ida.	RESIDENCE	Ashton, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	~~28~~ 23 (Years)	AGE AT LAST BIRTHDAY	~~25~~ 20 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	~~Oregon~~ Idaho.
OCCUPATION	Rail Road Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Meacham
Phys.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Ashton, Ida.

Registrar

Filed 2-26 1922 C. C. Meacham
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

ED
1922
OF VITAL
STATISTICS

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Ashton

Street: Home

County: Fremont

File Number: 98510

Registration Dist. No.:

Date of Birth: Feb. 20 192.2

Sex of Child: Male

Father: William L. Hodges (Full Name)

Mother: Nellie Myrtle Durand (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Edward Louis Hodges
Child's Name in Full

William L. Hodges
Signature of Father or Mother

OVER

APR 8 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

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1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

249-122-022-285 Amended 10/12/78

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED MAR 6 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Ashton Registration District No. 102 File No. 98511

No. ..... St.

Primary Registration District No. 6 Registered No. 103

Hospital .....

FULL NAME OF CHILD Carroll Lagrand Smith.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	2-22 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David L. Smith	FULL MAIDEN NAME	Rose Sheppard Smith
RESIDENCE	Marysville, Ida.	RESIDENCE	Marysville, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Wyo.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Jackson

Phys. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Ashton, Ida.

Filed 2-23- 1922 A. M. Jackson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 13 9 49 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonneville } ss

Certificate No. 98511
Date Filed 9/13/78

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Smith, (Male) (Name on Original Certificate) who was born (Was Born or Died) on Feb 22, 1922 (Date of Event)
in Preston, Idaho (Franklin) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Smith	Carroll Lagrand Smith

Subscribed and sworn to before me this 5th day of September, 1978
Notary Public, residing at Idaho Falls, ID
My commission expires June 7, 1982
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of September, 1978
Notary Public, residing at Idaho Falls, ID
My commission expires June 7, 1982
(Seal)

Signed Vera A. Stewart
(Signature of Any Credible Person)

Rt 5 Box 271
Idaho Falls, Ida.
(Street Address, City, State)

FORM DH 60-155

CL 8/21/78

Certif of Blessing from the LDS Church gives name as Carrol Lagrand Smith son of David A. Smith and Rosie Sheppard. born Feb 22, 1922 at Marysville, Idaho. Blessed May 7, 1922. viewed by V. S.

OCT 13 1978

Certif of Ordination to the Holy Priesthood gives name as Carrol Lagrand Smith dated June 10, 1934. Ordaiend a Deacon. viewed by V. S.

Birth Certif from Bingham Meorial Hospital gives child's nmae as Monty Dale Smith born June 28, 1959. father's name as Carroll LaGrand Smithand Ruby Elizabeth Smith. viewed by V. S.

795-223.022 239

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

RECEIVED MAR 6 1922 BUREAU OF VITAL STATISTICS

City of Ashton

Registration District No. 102 File No. 198512

No. ..... St.

Primary Registration District No. 6 Registered No. 104

Hospital .....

FULL NAME OF CHILD Phyllis Hazel Greene.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	2-23-1922

FATHER		MOTHER	
FULL NAME	Chester Greene.	FULL MAIDEN NAME	Edith Strong Greene
RESIDENCE	Marysville, Ida.	RESIDENCE	Marysville, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32.
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho-Nebraska.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C C Meacham.

Phys.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Ashton, Ida.

Filed 2-24 1922 C C Meacham

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
MAR 22 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, MAR. 7 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Marysville

Street:

County: Fremont

File Number: 98512

Registration Dist. No.:

Date of Birth: Feb. 23 192 2

Sex of Child: Female

Father: Chester Green (Full Name)

Mother: Edith Strong (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Phil's Hazel Green
Child's Name in Full

Mrs Chester Green
Signature of Father or Mother

SEP 28 1954

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

MAR 7 1952

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

236-223-022-236

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Ashton

Registration District No. 102 File No. 98513

No. ..... St.

Primary Registration District No. 6 Registered No. 105

Hospital .....

FULL NAME OF CHILD Hazel Staker.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes.	2-23-1922 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME	Ether Staker	Matilda Galworthy Staker
RESIDENCE	Ashton, Ida.	Ashton, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY	46 (Years)	41 (Years)
BIRTHPLACE	Utah	Utah.
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. Jensen
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Ida Falls, Ida.

Filed 2-24-1922. [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1922
F VITAL
STICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 1922 192...

Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital import- to have the full name included in the record. Kindly fill in the information requested in the blank below return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

City Fairmont

Street

County Fremont

File Number 98513

Registration Dist. No.

Date of Birth Feb 23 192 2

of Child Female

Ether Staker
Full Name

Mother Matilda G Stalworthy
Full Maiden Name

REBY CERTIFY that the child described herein has been named:

Hazel Staker
Child's Name in Full

Matilda Staker
Signature of Father or Mother

OVER

RECEIV
MAR 17
BUREAU O
STATI

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME

- - - - - - - - - - -

Dear

Birth registration is part of every child's birthright

It establishes legally the date of the child's birth, and legitimacy.

It enables the Public Health Nurse to make sure the been protected from danger of blindness and other infections

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men pelled to furnish certified copies of certificates of birth, portant that the certificates be filed with the BUREAU OF VIT. TICS and the same completed by furnishing the name of the chi

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD

666-101-
023-29-1

[redacted]

PLACE OF BIRTH

RECEIVED
FEB 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

98514

County of Gem

City of Sweet

Registration District No. 6 File No.

No. St.

Hospital

Primary Registration District No. Registered No.

FULL NAME OF CHILD Frank Earl Woods

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Jan 1 1922

FATHER		MOTHER	
FULL NAME	Amos Giles Woods	FULL MAIDEN NAME	Mildred Belle Brandon
RESIDENCE	Sweet Idaho	RESIDENCE	Sweet
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 P M M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Emmett Ida

Filed 1/10 1922 J. L. Reynolds
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

249-286-023-457

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 98515

County of Gem
City of Emmett
No. ..... St.
Hospital
Registration District No. 6
Primary Registration District No.
Registered No.

FEB 2 1922

FULL NAME OF CHILD Vina Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	1/26 1922

What bactericidal solution was used in eyes? Argyrol 20% Sol

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	William Francis Smith	FULL MAIDEN NAME	Grace Mary DePaster
RESIDENCE	Emmett Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Address Emmett Ida

Filed 2/7 1922 J. L. Reynolds
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

FEB 27 1968

FEB 26 1975

613-227-023-643

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Gem

City of Emmett

FEB 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. ..... St. Registration District No. 6 File No. 98516

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD MAUDE ELIZABETH WALLACE
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	1/27 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ray Holman Wallace	FULL MAIDEN NAME	Georgia Gold Fulgham
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Kansas	BIRTHPLACE	Ark.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Address Emmett Ida

Filed 1/29 1922 J. L. Reynolds
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

NOV 6 1942
JUN 8 1943

955-121-023-215

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

FEB 21 1922
BUREAU OF VITAL STATISTICS

No. ..... St. ..... Registration District No. 6 ..... File No. 98517

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Jerome Everet Reed
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Jan (Day) 21 (Year) 1922
Male		yes	

What bactericidal solution was used in eyes? 1/2 % Argyrti Nit Sol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Jerome Kirkman Reed	FULL MAIDEN NAME	Gertrude Ann Sanders
RESIDENCE	~~Kansas~~ Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Kansas	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds
(Physician or midwife)

Address Emmett Idd

Filed 1/24 1922 J L Reynolds
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-19-41

391-225-023-944

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Registration District No. 6

File No. 98518

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Elizabeth Craig
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	1 25 1922

What bactericidal solution was used in eyes? Ag no 3 1%

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Walter D Craig	FULL MAIDEN NAME	Mazie Rude
RESIDENCE	Emmett Ida	RESIDENCE	Emmett Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Craig Nebr	BIRTHPLACE	Quartzburg Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 00 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings
(Physician or midwife)

Address Emmett

Filed 2/7 1922 J L Reynolds
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 10 1945

MAY 1 1945

363-20-023-449

PLACE OF BIRTH

RECEIVED FEB [illegible] 1922 VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98519

County of Ada

City of Emmett

No. ..... St.

Registration District No. 6 File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Lois Maxine Cole

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	2 / 1 / 1922

What bacteriolidal solution was used in eyes? Arg. no. 3 1%

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Wm A. Cole	Alice Murphy
RESIDENCE	Emmett	Emmett
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	22
BIRTHPLACE	Grant Ida	Schofield Utah
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 25 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Cummings

(Physician or midwife)

Address Emmett

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 2/7 1922 J. L. Reynolds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED MAR 15 1922 BUREAU OF VITAL STATISTICS

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Emmett

File Number: 98519

Street: .....

Registration Dist. No.: .....

County: Gem

Sex of Child: Female

Date of Birth: Feb 1 192 2

Father: William Asapha Cole (Full Name)

Mother: Alice Rebecca Murphy (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lois Maxine Cole

Child's Name in Full

Alice Rebecca Cole

Signature of Father or Mother

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

518-223-023 · 713

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED FEB [illegible] 1922 BU[illegible]

County of Gem

City of Emmett

No. _____ St.

Registration District No. 6

File No. 98520

Hospital _____

Primary Registration District No. _____

Registered No. _____

Full Name of Child ~~Unnamed~~ Florence Margaret Vahlberg

SEX OF CHILD: Fe	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Jan 23 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Vahlberg	FULL MAIDEN NAME	Irene Kirkpatrick
RESIDENCE	Sweet, Ida	RESIDENCE	Sweet
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Byrd M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Registrar

Address Emmett Idaho

Filed 1/28 1922 J. L. Reynolds Registrar

of each, in order of birth stated. ... must be made for each and the number

SEVERAL

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Emmett

File Number: 98520

Street:

Registration Dist. No.:

County: Gem

Sex of Child: Female

Date of Birth: January 23 1922

Father: Charles Augustes Vahlberg (Full Name)

Mother: Mable Irene Kirkpatrick (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Florence Margaret Vahlberg.
Child's Name in Full

Mrs. Irene Vahlberg.
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

133-120-023-691

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 14 1922 BUREAU OF VITAL STATISTICS STATE OF IDAHO

CERTIFICATE OF BIRTH

98521

County of Gem

City of Montour

Registration District No. 6 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Harold Ralph Allen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	1 - 20 1922

FATHER

FULL NAME Geo D Allen

RESIDENCE Montour

COLOR white AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Wash

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Vema J Fraser

RESIDENCE Montour

COLOR white AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Kans

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 20 P. M. on the date above stated.

(Signature) Burton O Clark MD

(Physician or midwife)

Address Emmett Ida

Filed 2/4 1922 J K Reynolds Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

CEIVED
R 28 1922
OF VITAL
Idaho

MAR 7 - 1922

Boise, Idaho, ...192...

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital import- to have the full name included in the record. Kindly fill in the information requested in the blank below eturn this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

City Montour Ida. File Number 98521

Street .....

County Gem Registration Dist. No. .....

Date of Birth Jan. 20 192.2

f Child Male

r Geo. Dennis Allen Mother Verna Dola Fraser
Full Name Full Maiden Name

REBY CERTIFY that the child described herein has been named:

Harold Ralph Allen
Child's Name in Full

Verna Dola Allen
Signature of Father or Mother

MAR 8 1947

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME

- - - - - - - - - - -

Dear

Birth registration is part of every child's birthright

It establishes legally the date of the child's birth, and legitimacy.

It enables the Public Health Nurse to make sure the been protected from danger of blindness and other infections

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men pelled to furnish certified copies of certificates of birth, portant that the certificates be filed with the BUREAU OF VIT TICS and the same completed by furnishing the name of the chi

ance and r

Place of Birth

Sex o

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PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHIL

366-104-023-251

PLACE OF BIRTH

Form V. S. No. 11—20m-7-20-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED FEB 24 1922 BUREAU OF VITAL STATISTICS

County of Gem

City of Emmett

Registration District No. 6 File No. 98522

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—		—		1 - 4 - 1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	L. G. Coffey	FULL MAIDEN NAME	Clara Beard
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Okl.	BIRTHPLACE	Okl.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 15 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burton O Clark MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Emmett Ida

Registrar.

Filed 2/4 1921 J L Reynolds Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

256 109 023-252

PLACE OF BIRTH

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98523

County of Ada

City of Emmett

No. ..... St.

Registration District No. 9

File No. .....

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Walter John Knox
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	1 / 9 / 1922

What bactericidal solution was used in eyes? 1/2 Per Cent Silver Nit Sol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Willard Alvin Knox	FULL MAIDEN NAME	Freda Elizabeth Kessel
RESIDENCE	Emmett Ada	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Germany
OCCUPATION	Clerk grocery store	OCCUPATION	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Address Emmett 2 da

Filed 1/11 1922 J. L. Reynolds
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 1948

156-108-023-276

PLACE OF BIRTH

RECEIVED FEB 21 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Emmett

No. ____ St.

Registration District No. 6

File No. 98524

Hospital ____

Primary Registration District No. ____

Registered No. ____

FULL NAME OF CHILD Morris Ruben Jeffries

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	1/8/1922

What bacteriecidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth X

FATHER		MOTHER	
FULL NAME	Lew Washington Jeffries	FULL MAIDEN NAME	Sadie May Stowell
RESIDENCE	Emmett	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Minn
OCCUPATION	Saw Mill Labor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was A Live (Born alive or stillborn) at 7 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L D Reynolds

(Physician or midwife)

Address Emmett

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 1/8/1922 J L D Reynolds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 13 1922
BUREAU OF VITAL STATISTICS

DEPARTMENT OF PUBLIC WELFARE

MAR 7 - 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Emmett
- Street: 415 N. Commercial
- County: Ada

File Number: 98524

Registration Dist. No. .....

Date of Birth: Jan 8 .....192..

Sex of Child: Male

Father: Mr Geo Washington Jeffrey
Full Name

Mother: Sadie Van Jeffrey
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Norris Rubens Jeffrey
Child's Name in Full

Mrs Sadie Van Jeffrey
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

884-163-023-419

PLACE OF BIRTH

RECEIVED FEB 1922 VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Emmett

No. ____ St. ____ Registration District No. 4 File No. 98525

Hospital ____ Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Donald Ardin Hyde
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	2 3 1922

What bactericidal solution was used in eyes? Argyrol 1%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME John Harvey Hyde	FULL MAIDEN NAME Mildred Martin
RESIDENCE Emmett	RESIDENCE Emmett
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 16 (Years)
BIRTHPLACE Graham Co N.C.	BIRTHPLACE Smith Center, Kans
OCCUPATION Common Laborer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. N. Cummings
(Physician or midwife)

Address Emmett

Filed 2/7 1922

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

J. L. Reynolds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/27/41 L. [illegible].

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Emmett, Idaho

Street: —

County: Gem

File Number: 98525

Registration Dist. No.: .....

Date of Birth: Feb. 3 .....192.2

Sex of Child: Male

Father: John Harvey Hyde (Full Name)

Mother: Bessie Mildred Martin (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Donald Ardis Hyde (Child's Name in Full)

Mrs. J. H. Hyde (Signature of Father or Mother)

[illegible] A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

813-20-1023-653

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 21 1922
VITAL

CERTIFICATE OF BIRTH

County of Ada

City of Emmett

No. ..... St. Registration District No. 6 File No. 98526

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Mildred Maurine Hall
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	2 1 1922

What bacteriolidal solution was used in eyes? Agno3 1%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Jno. B Hall	FULL MAIDEN NAME	Eunice M Nells
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Marietta Ga	BIRTHPLACE	Miller Nebr
OCCUPATION	machinish	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K N Cummings

(Physician or midwife)

Address Emmett

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 2/8 1922 J. L. Reynolds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 8 1966

446-207-023-291

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED ... 1922 ... VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St. Registration District No. 6 File No. 98527

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Elva Duffy

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	1 7 1922

What bacteriocidal solution was used in eyes? 1% Argyrol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Matthew Duffy	Emma Kramer
RESIDENCE	Emmett Idaho	Emmett Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	41	24
BIRTHPLACE	Pensacola Florida	Rockfield Utah
OCCUPATION	Restaurateur	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:55 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) R. H. Cummings

(Physician or midwife)

Address Emmett

Filed 1/9/1922 J. L. Reynolds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

Boise, Idaho, MAR. 7 - 1922 ....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Emmett

Street:

County: Ada

File Number: 98527

Registration Dist. No.:

Sex of Child: Female

Date of Birth: January 7 1922

Father: Matthew Duffy (Full Name)

Mother: Emma Kramer (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Clio Duffy (Child's Name in Full)

Matthew Duffy (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

819-230-224

PLACE OF BIRTH [redacted] RECEIVED 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 98528

County of Gooding — BUREAU OF VITAL STATISTICS

City of Gooding

No. RFD 1 St. — Registration District No. 24 — File No.

Hospital — Primary Registration District No. — Registered No.

FULL NAME OF CHILD Roberta Ruth Hardwick
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Jan 30 1922

What bacterieidal solution was used in eyes? Arg. nitrat 10 %

Number of child of this mother, including present birth 3 — Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Harvey L Harding	FULL MAIDEN NAME: Stella Parker
RESIDENCE: Gooding	RESIDENCE: Gooding
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Colo	BIRTHPLACE: Ark.
OCCUPATION: farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

(Signature) J H Cromwell MD
(Physician or midwife)

Address Gooding Ida.

Filed 2-14 1922 — Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASON

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Gooding

Street: .....

County: Gooding

File Number: 98528

Registration Dist. No. .....

Date of Birth: Jan. 30 192 2

Sex of Child: Female

Father: Harvey L. Harding (Full Name)

Mother: Stella M. Baxter (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Roberta Ruth Harding (Child's Name in Full)

Mrs. Harvey L. Harding (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

853-208-024-238

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Registration District No. 24 File No. 98529

Hospital Gooding

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Esther Margaret Heller
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Jan 8 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Otto David Heller	FULL MAIDEN NAME	Ethyl Shotwell Heller
RESIDENCE	Jerome Idaho	RESIDENCE	Jerome Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Topeka Kansas	BIRTHPLACE	Mesa, Colorado.
OCCUPATION	Butcher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Gooding, Ida.

Filed 2-14 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 28 1942

433-108-024-291

RECEIVED
FEB 21 1922
VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

Registration District No. 24

File No. 98530

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Myron R. McCrea

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				yes	Jan 8 19 22

FATHER		MOTHER	
FULL NAME	Walter C. McCrea	FULL MAIDEN NAME	Belle Evans
RESIDENCE	Gooding — R 7 0	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 40 P M. on the date above stated.
(Born alive or stillborn)

(Signature) J. F. Carey M.D.

(Physician or midwife)

Address Gooding Idaho

Filed 1-9-22 19 J. F. Carey M.D.
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-11-41 G. J.

658-102-024-435

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED FEB 21 1922

County of Gooding
City of Gooding
No. ..... St.
Registration District No. 24
File No. 98532

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Oliver Neil Waybright.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes.	Jan. 2. 1922

What bacteriecidal solution was used in eyes? 10% Sol. Argyrol.

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Cassius C. Waybright.	FULL MAIDEN NAME	Edith McNeill
RESIDENCE	Gooding, Ida.	RESIDENCE	Gooding, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ohio	BIRTHPLACE	Iowa.
OCCUPATION	Painter + Decorator	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M.D.
(Physician or midwife)

Address Gooding, Ida.

Filed 1-24-1922 F. L. Cary M.D.
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 3 1973

419-229-024-261

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 98533

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Darling

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan. (Month) 29 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Ernest Darling	FULL MAIDEN NAME	Blanche Swanson
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A.M. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F F Cary MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding Idaho

Filed 1-30- 1922 F F Cary MD

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

755-229102X-249

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

Registration District No. 24 File No. 98534

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Alice Penland

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan. (Month) 29 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Gordon Penland	FULL MAIDEN NAME	Nettie Burns
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	N.C.	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:15 AM M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. W. Cary M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding Idaho

Filed 1 - 30 - 1922

F. T. Cary M.D.
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-231-024-236

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

Registration District No. 24 File No. 98535

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Eleanor Amber Davies

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan. (Month) 31 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	R. J. Davies	FULL MAIDEN NAME	Villa Bloxham
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Wisconsin	BIRTHPLACE	Idaho
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P.M. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Cary M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Gooding Idaho

Filed 2-1- 1922 F. T. Cary M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
APR 10 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Gooding

Place of Birth — Street:

Place of Birth — County: Gooding

File Number: 98535

Registration Dist. No.:

Date of Birth: January 21 192 2

Sex of Child: Famale

Father: Rowland John Davies (Full Name)

Mother: Vella Bloxham (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Eleanor Amber Davies
Child's Name in Full

Mrs. R. J. Davies
Signature of Father or Mother

DEC 2 1 1965

NOV 15 1971

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

336-2020-24-595

PLACE OF BIRTH

Rec'd. 2-21-22

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of _____

No. _____ St.

Registration District No. 24 File No. 98536

Hospital _____ Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Mildred Mae Clower
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Jan. 2, 1922

What bacteriolidal solution was used in eyes? _____

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Sidney George Clower	FULL MAIDEN NAME	Velma Ilene Nielson
RESIDENCE	Gooding, Idaho	RESIDENCE	Gooding, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:00 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb, M.D.

(Physician or midwife)

Address Gooding, Idaho

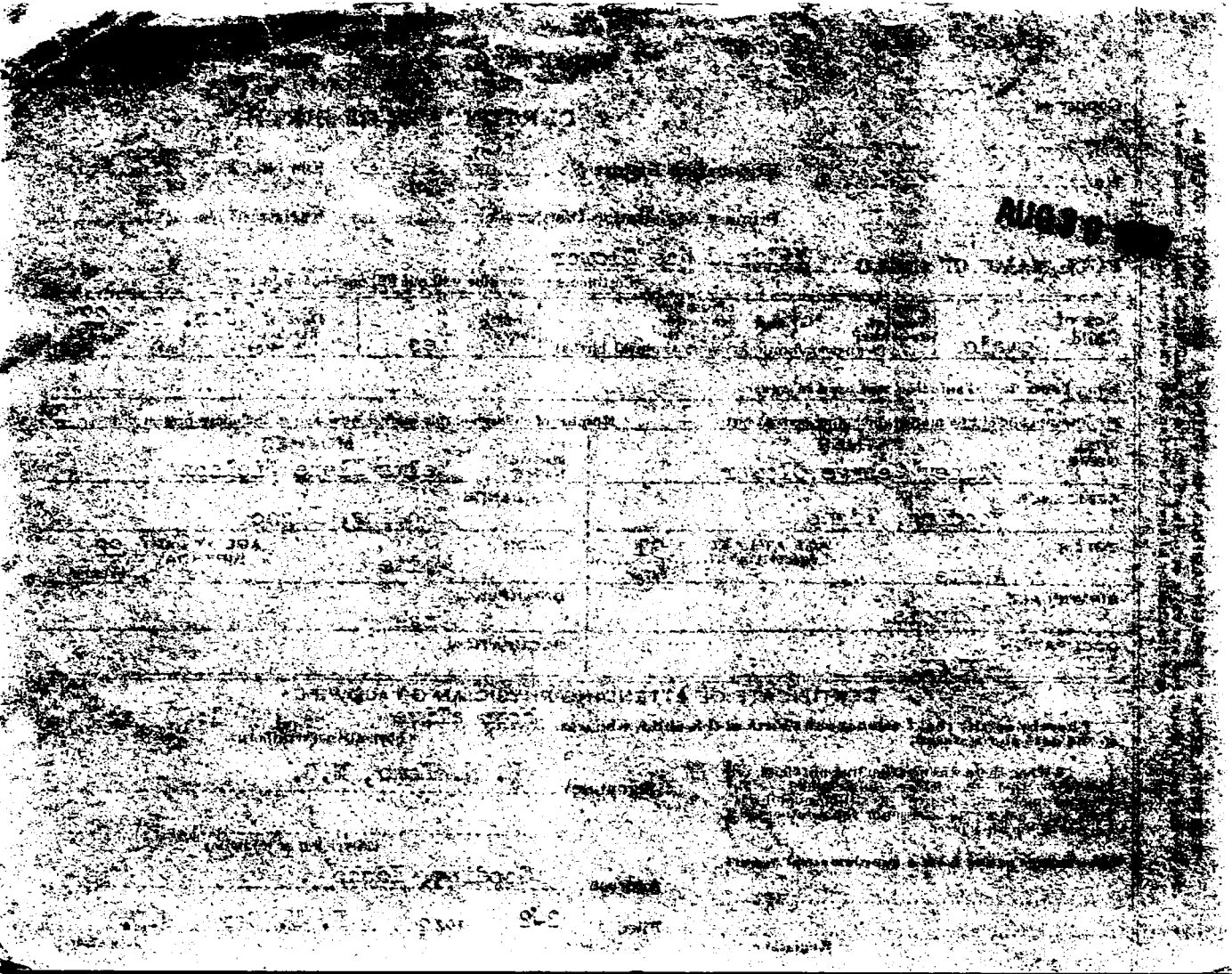
Give names added from a supplemental report.

....., 192.....

Registrar.

Filed 2-2 1922 F. T. Cary, M.D.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



799-216-024-239

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of

Registration District No. 24 File No. 98537

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Grissom, Evelyn Grace,

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan 16 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm. Grissom	FULL MAIDEN NAME	Minnie Stimson
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	California	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:20 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb per A Zingg

(Physician or midwife)

Given names added from a supplemental report.

Address Gooding Idaho

19

Registrar

Filed 2-2- 1922 F F Cary MW

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 13 1922
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Gooding

Place of Birth — Street:

Place of Birth — County: Idaho

File Number: 98537

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Jan. 16 192 2.

Father: Wm. P. Grisson (Full Name)

Mother: Minnie S Grisson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Evelyn Grace Grisson
Child's Name in Full

Mrs. W. M. Grisson
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

214-121-824-693

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

Registration District No. 24 File No. 98538

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~L. K.~~ Saum, James Arthur,

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Jan 21 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	L. K. Saum	FULL MAIDEN NAME	Effie Witham
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:00 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb per A. Fagg

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding Idaho

Filed 2-2-1922 F T Carymon

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
OF VITAL
STATISTICS
MAR 7 - 1922

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Gooding

Street: .....

County: Gooding

File Number ..... 28538 .....

Registration Dist. No. .....

Sex of Child ..... Male .....

Date of Birth ..... January 21 1922

Father ..... Loyal Kingsbury Saum ..... Mother ..... Effie Josephine Wick

Full Name — Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

..... James Arthur Saum .....

Child's Name in Full

..... L. K. Saum .....

Signature of Father or Mother

AUG 24 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
ILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

491-225-024-512

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED ... 1922 ... VITAL

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 98539

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Anna Drazick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan. 25 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Saw Drazick	FULL MAIDEN NAME	Anna Vasofsky
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Nebraska
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:20 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Verbryck per A. Zingg

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Gooding Idaho

Filed 2-2- 1922 F. Kary MD

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 4 1922
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Wendell Idaho

Street: .....

County: Gooding

File Number: 98539

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: January 25 192 2

Father: Sam Drazich (Full Name)

Mother: Anna Vasofsky (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Anna Drazich (Child's Name in Full)

Mrs. Sam Drazich (Signature of Father or Mother)

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

OVER

456-230-024-546

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of

Registration District No. 24 File No. 98540

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Dewhurst — (Doris)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Jan 30 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wilson Dewhurst	FULL MAIDEN NAME	Cristine Edwardson
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Norway —
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb
per A. Zingg
(Physician or midwife)

Given names added from a supplemental report.

Address Gooding Idaho

19

Filed 2-2- 1922 F Haupt
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County Lincoln

File Number 98540

Registration Dist. No. .....

Date of Birth Jan 30th 192 2

Sex of Child Female

Father Wilson Dewhurst (Full Name)

Mother Christine Edwardson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Dorris Dewhurst (Child's Name in Full)

Wilson Dewhurst (Signature of Father or Mother)

0540

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

OVER

286-131-024249

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98541

County of Gooding

City of Gooding

Registration District No. 24 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Shonk, James Allen

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Jan 31 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Claude R Shonk	FULL MAIDEN NAME	Cordia Burner
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:40 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Verbryck
per Alice Zingg
(Physician or midwife)

Given names added from a supplemental report.

19

Address Gooding Idaho.

Registrar

Filed 2-2- 19 22 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

RECEIVED

DEPARTMENT OF PUBLIC WELFARE

BUREAU

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam: [redacted]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Gooding

Street: Colorado

County: Gooding

File Number: 98541

Registration Dist. No.:

Sex of Child: Male C

Date of Birth: Jan 31 1922

Father: Claudeth Richter Shank (Full Name)

Mother: Cordia May Barnes (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

James Allen Shank
Child's Name in Full

Mrs Cordia, M. Shank
Signature of Father or Mother

OCT 5 1944

SEP 10 1974

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

OVER

455-131-024-318

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of

Registration District No. 24 File No. 98542

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Robert Howard Meneice

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Jan 31 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert Meneice	FULL MAIDEN NAME	Elizabeth Taylor
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Canada
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:50 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Verbryck per A. Zingg

(Physician or midwife)

Given names added from a supplemental report.

Address Gooding Idaho

19

Registrar

Filed 2-2-1922 F. T. Carey MD

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 14 1922
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAR 7 - 1922

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County Gooding

File Number 98542

Registration Dist. No. .....

Sex of Child Male

Date of Birth .....192....

Father Robert Mencice
Full Name

Mother .....
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Robert Howard Mencice
Child's Name in Full

Robert Mencice
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

155-112-024-231

PLACE OF BIRTH

First and middle name amended 7-10-84

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

County of Gooding

City of Wendell

1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____

File No. 98550

No. _____ St. _____

Primary Registration District No. _____

Registered No. _____

Hospital _____

Full Name of Child ~~Lloyd Franklin~~ GENE FRANK Jennings

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
male	✓	2d	Yes	Jan 13, 22

FATHER		MOTHER	
FULL NAME	James Franklin Jennings	FULL MAIDEN NAME	Mabel Stanhope
RESIDENCE	Wendell Ida	RESIDENCE	Wendell Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Simonton

Physician (Physician or midwife)

Address Wendell Ida

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Jan 20 1922 E. E. Simonton Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 1 3 1971

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 16 3 16 AM '84

State of _____ } ss.
County of _____

Certificate No. 98550
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Jean Franklin Jennings (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan 12, 1922 (Date of Event)

in Wendell (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Jean Franklin Jennings	Gene Frank Jennings

Subscribed and sworn to before me this 16th day of July, 1984.

Notary Public, Florence Curtright
Residing at Boise
My commission expires 4-20-86
(Seal)

Gene Frank Jennings
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of _____ } ss.
County of _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

Own child's birth certificate on file with Idaho shows name of father as Gene Frank Jennings. Child born April 24, 1950, in Boise, IDaho. State File # 50-3767.
Viewed by V.S.

Marriage License and Certificate gives name of groom as Gene Frank Jennings married to Dorothy Faye Tylor on December 17, 1945. in Ada County, Idaho
Viewed by V.S.

659-124-025-298

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED FEB 21 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kamiah

Registration District No. 49 File No. 98573

No. ..... St.

Primary Registration District No. 2428 Registered No. .....

Hospital .....

FULL NAME OF CHILD Boby Terry, Albino

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan (Month) 24 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	W. N. Terry	FULL MAIDEN NAME	Myrtle Bryant
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Tex	BIRTHPLACE	Tex
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Bryan M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Kamiah, Id

Filed 2/9 1922 C. J. Johnson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 24 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County Idaho

File Number 98573

Registration Dist. No. .....

Sex of Child ~~Female~~ Male

Date of Birth Jan' 24 192 2

Father Douglas Norman Terry
Full Name

Mother Myrtle Elizabeth Terry
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Albina Terry
Child's Name in Full

Douglas Norman Terry
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

212-113-031-253

[redacted]

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED FEB 21 19[illegible] BUREAU OF STATISTICS

STATE OF IDAHO
[redacted] OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

Registration District No. 49

File No. 98574

No. ..... St.

Primary Registration District No. 2421

Registered No. .....

Hospital .....

FULL NAME OF CHILD Charles Donald Lassaman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	1 (Month) 13 (Day) 19[illegible] (Year)

FATHER		MOTHER	
FULL NAME	William Lassaman	FULL MAIDEN NAME	Mary Becker
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Penn	BIRTHPLACE	Penn
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. L. Bryan M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kamiah Id

Registrar

Filed 2/9 19 22 C. J. Johnson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 19 1942

962-203-025-619

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

[redacted] IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

Registration District No. 105 File No. 1 98575

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Willma Robins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Feb. 3 1922

FATHER		MOTHER	
FULL NAME	Walter S.Robins	FULL MAIDEN NAME	Vennie B.Farmer
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Ohio
OCCUPATION	Drayman	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Orr

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Cottonwood, Idaho

Filed 2-6 1922

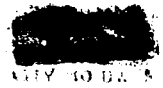
W. F. Orr
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



DECEASED

995-207-025-238

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

Registration District No. 105

File No. 298576

No. ..... St.

Primary Registration District No. 2183

Registered No. .....

Hospital .....

FULL NAME OF CHILD Macella Marie Riener

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	Jan. 7 1922

FATHER	MOTHER
FULL NAME: Clemens Riener	FULL MAIDEN NAME: Margaret Schmidt
RESIDENCE: Cottonwood	RESIDENCE: Cottonwood
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Kan.	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley J. Orrd

(Physician or midwife)

Address Cottonwood, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 2-6 1922

W. J. Orrd
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

645-206.025-254

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98577

County of Idaho

City of Cottonwood

Registration District No. 105 File No. 3

No. ____ St.

Primary Registration District No. 2183 Registered No. ____

Hospital ____

FULL NAME OF CHILD Eileen Marie Funke

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	Jan 6 22

FATHER	MOTHER
FULL NAME: Edward Funke	FULL MAIDEN NAME: Margaret Seubert
RESIDENCE: Cottonwood	RESIDENCE: Cottonwood
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:30 A. M. on the date above stated.

(Signature) Dr. Wesley F. Orr

(Physician or midwife)

Address Cottonwood, Idaho

Filed 2-6 19 22

W. F. Orr
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

759-22-025-267

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

Registration District No. 105 File No. 4 98578

No. ____ St.

Primary Registration District No. 2183 Registered No. ____

Hospital ____

FULL NAME OF CHILD Katherine C. Geis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	twin	first	yes	Jan. 22 1922

FATHER	MOTHER
FULL NAME: Michael Geis	FULL MAIDEN NAME: Anna May Boxleitner
RESIDENCE: Cottonwood	RESIDENCE: Cottonwood
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 45 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Germany	BIRTHPLACE: Wis.
OCCUPATION: Farmer	OCCUPATION: ~~Farmer~~ Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

(Signature) Dr. Wesley F. Orr
(Physician or midwife)

Address Cottonwood, Idaho

Filed 2-6 19 22

W. F. Orr
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

759-222-0.25-267

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood Registration District No. 105 File No. 98579

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Francis Emma Geis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	twin	2nd.	yes	Jan. 22 22

FATHER		MOTHER	
FULL NAME	Michael Geis	FULL MAIDEN NAME	Anna May Boxleitner
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Wis.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:00 P. M. on the date above stated.

(Signature) Dr. Wesley F. Orr

(Physician or midwife)

Address Cottonwood, Idaho

Filed 2-6 19 22

W. F. Orr
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

APR 30 1942

546-224-025-893

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RE[illegible]D
FEB [illegible] 1922
BUREAU [illegible]

County of Idaho

City of Kooskia

Registration District No. 106 File No. 98580

No. ..... St.

Primary Registration District No. 2184 Registered No. 4

Hospital .....

FULL NAME OF CHILD Lillian Donnie Edwards

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Jan. 24 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H. C. Edwards	FULL MAIDEN NAME	Anna Hill
RESIDENCE	Kooskia, Idaho	RESIDENCE	Kooskia - Idaho
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kamiah Idaho	BIRTHPLACE	Kooskia Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Verbeekmoes
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kooskia - Idaho

Filed Feb 8 1922 J M Verbeekmoes
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

383219.025-231

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Idaho

City of Stites

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98582

Registration District No. 106 File No. _____

Primary Registration District No. 2184 Registered No. 3

FULL NAME OF CHILD Dorothy Eleanor Lytle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan (Month) 19 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Leroy Wilson Lytle	FULL MAIDEN NAME	Vera Pearl Blakesley
RESIDENCE	Near Stites	RESIDENCE	Near Stites
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wentworth M D

(Physician or ~~midwife~~)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Stites Idaho

Filed Feb 8 1922 J M Weber Kinney Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 8 1972

763-108-025-234

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Stites

Registration District No. 166 File No. 98583

No. ..... St.

Primary Registration District No. 2184 Registered No. 1

Hospital .....

FULL NAME OF CHILD Matthew Lee Potter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 8 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Herbert Clay Potter	FULL MAIDEN NAME	Addie Stuart
RESIDENCE	Stites	RESIDENCE	Stites
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho.
OCCUPATION	General Work	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wentworth

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Stites Idaho.

Filed Feb 8 1922 J M Weber Knoes

Registrar Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

437-12-1025-958

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98594

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

RECEIVED
MAR 6 1922
BUREAU OF VITAL STATISTICS

Registration District No. 103

File No. .....

Primary Registration District No. 1901

Registered No. 11

FULL NAME OF CHILD George McGaffee
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	Feb. 24 1922

What bactericidal solution was used in eyes? Argyrol 15%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

	FATHER	MOTHER
FULL NAME	Clark E McGaffee	Winifred C Reynolds
RESIDENCE	Grangeville	Grangeville
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	25
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Common Laborer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) G S Stockton
(Physician or midwife)

Address Grangeville Ida.

Filed March 6 1922 G S Stockton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 1956

85-223-225-289

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Idaho — BUREAU OF VITAL STATISTICS — CERTIFICATE OF BIRTH

City of Grangeville

No. ____ St. — Registration District No. 103 — File No. 98595

Hospital ____ — Primary Registration District No. 1001 — Registered No. 10

FULL NAME OF CHILD BETTY Maxine Heath
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes	Feb 23 1922

What bacteriocidal solution was used in eyes? Argyrol 10 %

Number of child of this mother, including present birth 4 — Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Thomas H. Heath	FULL MAIDEN NAME	Betty A. Shields
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Grangeville	BIRTHPLACE	Tennessee
OCCUPATION	C.B.R.R. Baggageman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. B. Stockton

(Physician ~~or midwife~~)

Address Grangeville, Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Mar. 1 1922 G. B. Stockton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 98595

County of Lewis } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Betty Maxine Heath (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Febr. 23, 1922 (DATE OF EVENT)

in Grangeville, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by -- (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on -- (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Maxine	Betty Maxine Heath

Subscribed and sworn to before me this 13th day of Sept. 1943, 19

John Mardahl

Notary Public, residing at Winchester Idaho

My commission expires Dec. 14, 1944

(SEAL)

Signed Thomas F. Heath

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR, OTHER CREDIBLE PERSON.)

Winchester Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Lewis }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of Sept., 1943

John Mardahl

Notary Public, residing at Winchester Idaho

My commission expires Dec. 14, 1944

(SEAL)

X Signed Catherine J. Mauk

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Winchester Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

SEP 20 [illegible]

959-203-025-3565

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAR 6 1922
BUREAU OF VITAL STATISTICS

County of Idaho
City of Grangeville
No. ..... St.
Hospital
Registration District No. 103
Primary Registration District No. 2181
File No. 98596
Registered No. 4

FULL NAME OF CHILD Irene Anna Reidhaar
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Feb. 3 1922

What bacteriolidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Antone J Reidhaar	FULL MAIDEN NAME	Teresa Von Tersch
RESIDENCE	Grangeville Ida.	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 3 50 P. M. (Born alive or stillborn) on the date above stated.

(Signature) G. B. Stockton

(Physician or midwife)

Address Grangeville Idaho

Filed Mar. 1 1922 G. B. Stockton
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-204-025-236

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 6 19
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 98597

County of Idaho

City of Grangeville

No. ..... St.

Registration District No. 103 File No. .....

Hospital .....

Primary Registration District No. 2181 Registered No. 5

FULL NAME OF CHILD Gracie Sylvia Kingsna
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		yes	Feb 4 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Herbert L. Kingsna	FULL MAIDEN NAME	Minnie Sloat
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Holland	BIRTHPLACE	Holland
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 A. M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Stockton
(Physician or midwife)

Address Grangeville Ida.

Give names added from a supplemental report.

....., 19.....

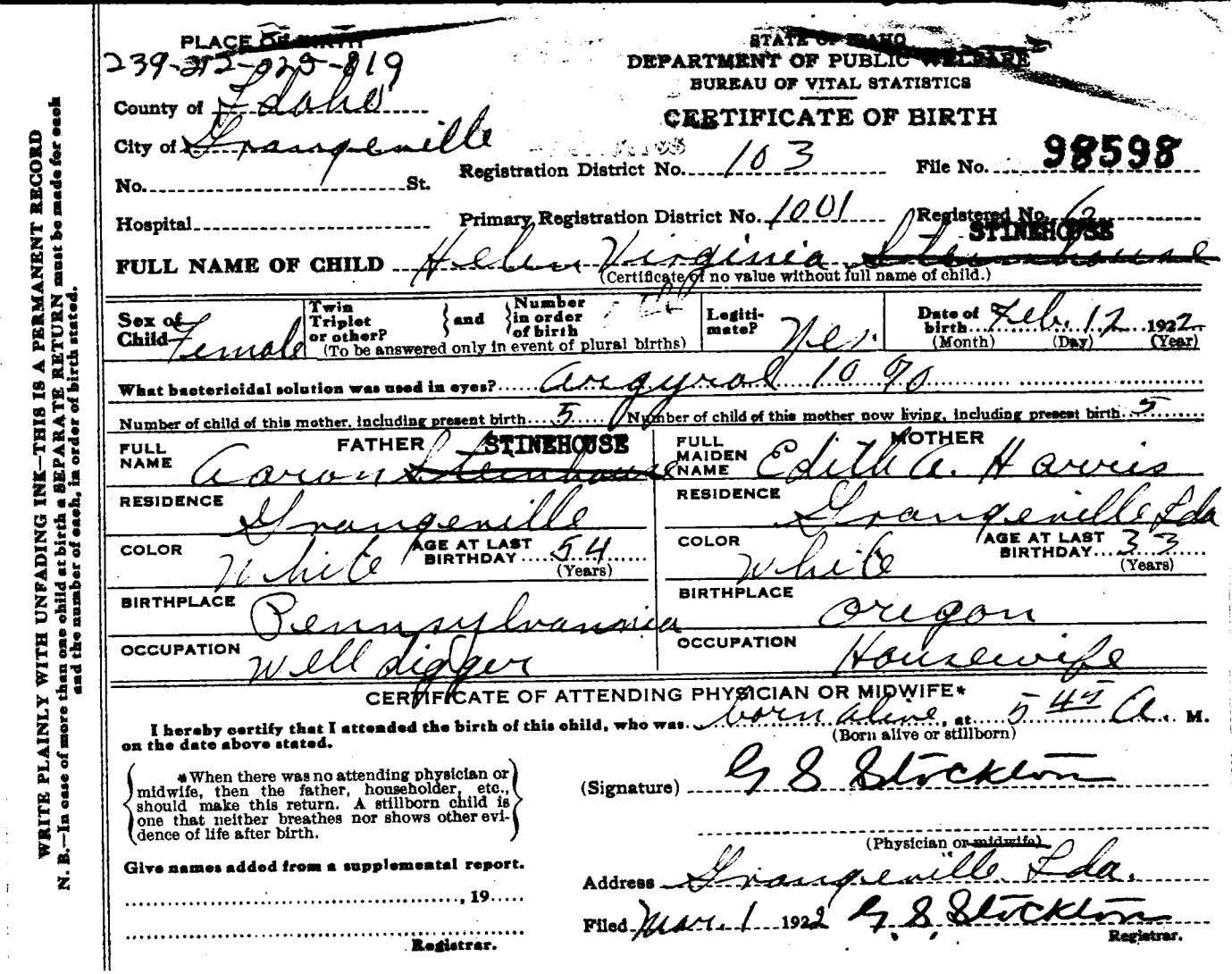
.....
Registrar.

Filed Mar. 1 1922 G. E. Stockton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 2, 1940. L.M.



PLACE OF BIRTH
239-212-025-819

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Registration District No. 103 File No. 98598

Hospital ..... Primary Registration District No. 1001 Registered No. 62

FULL NAME OF CHILD Helen Virginia ~~Steinhouse~~ STINEHOUSE
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Feb. 12 1922

What bactericidal solution was used in eyes? Argyrol 10 %

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Aaron ~~Steinhouse~~ STINEHOUSE	FULL MAIDEN NAME	Edith A. Harris
RESIDENCE	Grangeville	RESIDENCE	Grangeville Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	54	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Pennsylvannia	BIRTHPLACE	Oregon
OCCUPATION	Well digger	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 45 A. M. on the date above stated.

(Signature) G S Stockton
(Physician or midwife)

Address Grangeville Ida.

Filed Mar. 1 1922 G. S. Stockton
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Idaho } ss.

Certificate No. 98598

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Helen Virginia Steinhouse (Name on Original Certificate) who was born (Was Born or Died) on February 12, 1922 (Date of Event)
in Grangeville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on February 13, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Steinhouse	Stinehouse

Subscribed and sworn to before me this 23
day of August, 19 45

Notary Public, residing at Grangeville, Idaho
My commission expires January 20, 1947
(Seal)

Signed Aaron E. Stinehouse
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Grangeville, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 27 1943

319-114-025-331

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAR 6 1922
BUREAU OF VITAL STATISTICS

County of Idaho
City of Grangeville
No. ..... Registration District No. 103 File No. 98599
Hospital ..... Primary Registration District No. 1001 Registered No. 7

FULL NAME OF CHILD Frederick Leonard Carpenter
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Feb. 14 1922

What bacteriocidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Fred W. Carpenty	FULL MAIDEN NAME	Bernice Clark
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton
(Physician or ~~midwife~~)

Address Grangeville Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Mar. 1 1922 G S Stockton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-116-025-914

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 6 192-
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 98600

County of Idaho
City of Grangeville
No. ..... St.
Hospital
Registration District No. 103
Primary Registration District No. 1001
Registered No. 8

FULL NAME OF CHILD Leo H. Hamilton Michael
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Feb 16 1922

What bacteriocidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Willard N. Michael	FULL MAIDEN NAME	Alpha C. Manck
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 A. M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G B Stockton
(Physician or midwife)

Address Grangeville Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Mar. 1 1922 G B Stockton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 5 1952

[redacted] OF BIRTH 21-025-866

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JAN 6 1922

CERTIFICATE OF BIRTH

98601

City of Grangeville Registration District No. 103 File No.

No. St. Primary Registration District No. 1901 Registered No. 9

Hospital

FULL NAME OF CHILD Mabel Isabel Barker
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb. 21 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Jesse F Barker	FULL MAIDEN NAME	Edna F Harrell
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 15 A. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician or ~~midwife~~)

Address Grangeville Ida

Give names added from a supplemental report.

....., 19.....

Filed Jan 1 1922 G. S. Stockton
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

113-174
027-696

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98640

County of [redacted]

City of Jerome

Registration District No. 23

File No.

No. St.

Primary Registration District No. 1017 2017

Registered No.

Hospital

FULL NAME OF CHILD Willard Glen Jackson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	yes	Jan 14 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Willard Jackson	FULL MAIDEN NAME	Hazel Fife
RESIDENCE	Jerome Idaho	RESIDENCE	Jerome Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M. D.

Jerome Idaho (Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Jan 14 1922 E. D. Piper M. D. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 25 [redacted]

231-108-027-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED FEB

County of Jerome

City of Eden

Registration District No. 23

File No. 98644

No. ..... St.

Primary Registration District No. 1017 2017

Registered No. .....

Hospital .....

FULL NAME OF CHILD Wallace James Staples

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural [illegible]ns)	Legitimate? Yes	Date of Birth 1 (Month) 8 (Day) 19[illegible] (Year)

FATHER	MOTHER
FULL NAME Melvin Staples	FULL MAIDEN NAME May Smith
RESIDENCE Eden, Ida	RESIDENCE Eden, Ida.
COLOR White AGE AT LAST BIRTHDAY 38 (Years)	COLOR White AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Minn.	BIRTHPLACE Wash.
OCCUPATION Carpenter	OCCUPATION Hswf.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Scroggs M.D.

(Physician or midwife)

Address Eden, Ida.

Given names added from a supplemental report.

..... 19.....

Filed Feb 8 1922 E. J. Piper M.D.

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 30 1942

OCT 2 9 1945

845-110-027-238

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98645

County of Jerome

City of Eden

Registration District No. 23 File No.

No. St. 1017

Primary Registration District No. 2017 Registered No.

Hospital

FULL NAME OF CHILD Edgar Paul Huetting

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	1 10 1922

FATHER		MOTHER	
FULL NAME	Arno Huetting	FULL MAIDEN NAME	Agnes Schulze
RESIDENCE	Eden Ida.	RESIDENCE	Eden Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ind.
OCCUPATION	Farmer	OCCUPATION	Housf.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. P. Scroggs M.D.

(Physician or midwife)

Address Eden Ida.

Filed Feb 8 19 22 E. D. Piper M.D.

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, ... MAR. 7 ..... 1922 ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Eden

Street: ———

County: Jerome

File Number: 98645

Registration Dist. No.: Eden

Sex of Child: Male

Date of Birth: January 10th 192 2

Father: Julius Arno Huettig (Full Name)

Mother: Agnes Marie Schulze (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Edgar Paul Huettig
Child's Name in Full

Agnes Huettig
Signature of Father or Mother

MAY 1 1 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

799-118-027-436

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98648

County of Jerome

City of Jerome

Registration District No. 23

File No.

No. ____ St.

Primary Registration District No. 1017 2017

Registered No.

Hospital

FULL NAME OF CHILD Lloyd John Price

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	Jan 18 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lloyd David Price	Jean Elizabeth McFarlane
RESIDENCE	Eden Idaho	Eden Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	24
BIRTHPLACE	Colorado	Texas
OCCUPATION	Mechanic	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alma C. Guerico

Midwife
(Physician or midwife)

Address Eden Idaho

Given names added from a supplemental report.

____ 19____

Registrar

Filed Feb 8 1922

E. D. Pyle M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

765-202-027-764

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

Registration District No. 23

File No. 98649

No. ____ St.

Primary Registration District No. 1017 2017

Registered No. ____

Hospital ____

FULL NAME OF CHILD Margaret Louise Goesmeier

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
7	—		—	Yes	Feb	2	22

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Reinhard Goesmeier	Katherine Godfrey
RESIDENCE	Jerome Idaho	Jerome Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	20
BIRTHPLACE	Colorado	Illinois
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M. D.

Jerome Idaho
(Physician or midwife)

Address ____

Given names added from a supplemental report.

____ 19____

____
Registrar

Filed Feb 8 1922

E. D. Piper M. D.
Registrar

APR 17 1972

Dup of 1922-10 [illegible]

637-207-027-154

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Jerome

CERTIFICATE OF BIRTH

City of Jerome

Registration District No. 23

File No. 98650

No. ____ St.

1017

Primary Registration District No. 2017

Registered No. ____

Hospital ____

FULL NAME OF CHILD Dorothy Ida Ott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
F	—	—	Yes	Feb	7	22

FATHER		MOTHER	
FULL NAME	William Clarence Ott	FULL MAIDEN NAME	Mary Anderson
RESIDENCE	Jerome Idaho	RESIDENCE	Jerome Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M. D.

Jerome Idaho
(Physician or midwife)

Address ____

Given names added from a supplemental report.

____ 19____

____
Registrar

Filed Feb 8 19 22 E. D. Piper M.D.
Registrar

K

LC 13 1957

PLACE OF BIRTH

249-219-027 AMENDED 12-17-47

County of JEROME

City of JEROME

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 98651

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD ELIZABETH SMITH
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.				Yes	Jan. 19 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

FATHER	MOTHER
FULL NAME: Wm EARNEST SMITH	FULL MAIDEN NAME: JESSIE OSBORN
RESIDENCE: Jerome, Idaho	RESIDENCE: Jerome, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 43 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Kansas
OCCUPATION: Sheepman	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

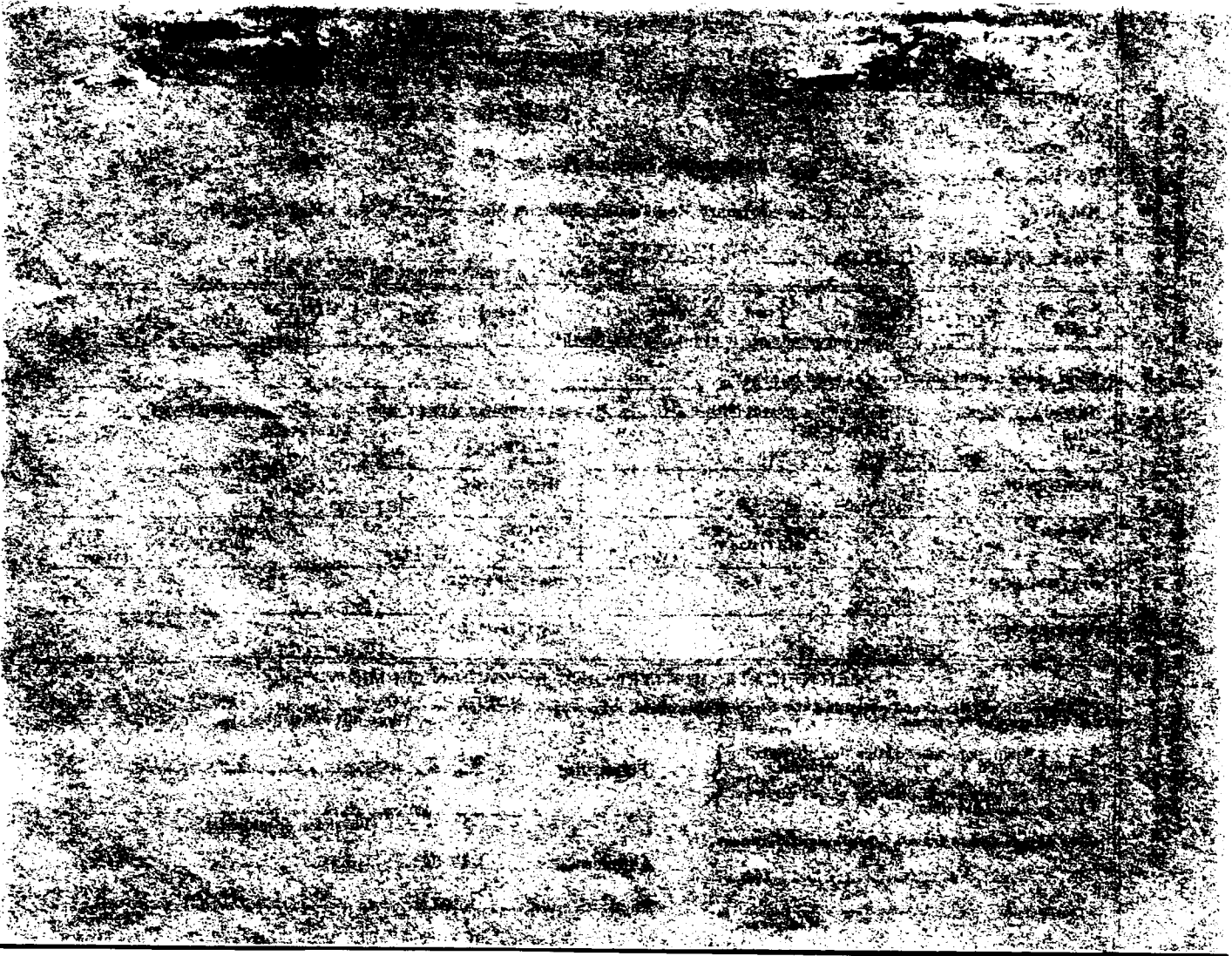
(Signature) E. J. Piper, M. D.

(Physician or midwife)

Address Jerome, Idaho

Filed Feb. 7 1922 E. J. Piper, M. D. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. Certificate No. 98651

County of Grant } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Hazel Beth Smith (Birth or ~~Name~~)

for Unnamed at time of birth (Name on Original Certificate) who born (~~Was Born~~) on January 19, 1922 (Date of ~~Event~~)

in Jerome, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on Immediately following birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Hazel Beth Smith

Subscribed and sworn to before me this 13th day of August, 1942

T. B. Southard

Notary Public, residing at Wilson Creek, Wash.

My commission expires Jan. 20, 1945

(Seal)

Signed Jessie P. Smith

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.

County of Grant }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of August, 1942

T. B. Southard

Notary Public, residing at Wilson Creek, Wash.

My commission expires Jan. 20, 1945

(Seal)

Signed William E Smith

(Signature of Any Credible Person Other Than Previous Year)

Wilson Creek, Wash.

(Street Address, City, State)

AUG 18 1942

DEC 3 19

AUG 19 1942

275-121-027-219

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome FEB 21 1922

City of Jerome

Registration District No. 23

File No. 98653

No. ____ St.

1017
Primary Registration District No. 2017

Registered No. ____

Hospital ____

FULL NAME OF CHILD Samuel George Spencer

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—		—	Yes	Jan 21 1922

FATHER		MOTHER	
FULL NAME	Frank E Spencer	FULL MAIDEN NAME	Viola Barthlow
RESIDENCE	Jerome Idaho	RESIDENCE	Jerome Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M. D.

Jerome Idaho
(Physician or midwife)

Given names added from a supplemental report.

____ 19____

Address ____

Filed Feb 8 1922 E. D. Piper M. D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 2 1942

Dup of 1922-[illegible]

SPENCER

354 296-119-028-653

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Kootenai

City of Carlin Bay

CERTIFICATE OF BIRTH

98656

No. ..... St. Registration District No. 126 File No. 6

Hospital ..... Primary Registration District No. 2204 Registered No. 25

FULL NAME OF CHILD George Clifton Browning
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Jan 19 1922

What bactericidal solution was used in eyes? Yes. Ar Bori

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	J J Browning	FULL MAIDEN NAME	Amy Wells
RESIDENCE	Carlin Bay	RESIDENCE	Carlin Bay
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	56	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ill.	BIRTHPLACE	Ida
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney
M D
(Physician or midwife)

Give names added from a supplemental report.

Address Harrison

....., 192....

Filed 2-1 1922 J M Finney
Registrar

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 8 1943

JAN 11 1943

DECEASED

659-116-028-296

3 5 3

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98657

County of Kootenai

City of Harrison

No. ..... St. Registration District No. 126 File No. 6

Hospital ..... Primary Registration District No. 2204 Registered No. 24

FULL NAME OF CHILD Robert Joseph Hurt

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 16 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	E C Hurt	FULL MAIDEN NAME Eva Brown
RESIDENCE	Harrison Ida	RESIDENCE Harrison Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Wis	BIRTHPLACE Wis
OCCUPATION	Merchant	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Feeney M D

(Physician or midwife)

Address Harrison Ida

Filed 2-1 1922 J M Feeney Registrar

Give names added from a supplemental report.

....., 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 23 1956

APR 22 1948

MAY 7 1943

JUL 8 1947

1. PLACE OF BIRTH — STATE OF IDAHO

City of Coeur d'Alene

No. 893-119-028-614 St.

(If born in hospital or institution give name.)

CERTIFICATE OF BIRTH 98658

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Roy Everett Hite

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male				Full term	Yes	January 19 1922

FATHER

9. Full name: Elmer Hite

10. Residence (usual place of abode) Rathdrum (If non-resident, give place and State) Idaho

11. Color or race: Wh. | 12. Age at last birthday: 35 (years)

13. Birthplace (city or place) Post Falls (State or country) Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:

16. Date (month and year) last engaged in this work: ....., 19.....

17. Total time (years) spent in this work:

MOTHER

18. Full maiden name: Nora Waddell

19. Residence (usual place of abode) Rathdrum (If non-resident, give place and State) Idaho

20. Color or race: Wh. | 21. Age at last birthday: 33 (years)

22. Birthplace (city or place) Rathdrum (State or country) Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:

25. Date (month and year) last engaged in this work: ....., 19.....

26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 2 (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 7:00 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Frank [illegible] M. D.

or ....., Midwife

Address Rathdrum, Idaho

Give name added from a supplemental report ..... (Date of)

Filed February 6, 1922 [illegible] Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth

751-a28028-493

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED FEB 8 - 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene, Ida.

Registration District No. 30

File No. 98659

No. _____ St.

Primary Registration District No. 1057

Registered No. 1223

Hospital _____

FULL NAME OF CHILD Jessie Fay Pearson

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth Jan 28 (Month) (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Harry E. Pearson	FULL MAIDEN NAME Pearl Miles
RESIDENCE Coeur d'Alene Idaho	RESIDENCE Coeur d'Alene, Ida.
COLOR White	AGE AT LAST BIRTHDAY 24 (Years)
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Mich.	BIRTHPLACE Tennessee
OCCUPATION Common Labor	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Dead at 5 9 M. (Born alive or stillborn) on the date above stated.

(Signature) Dr John D. Coons

(Physician or midwife)

Address Coeur d'Alene, Idaho

Filed Feb 6 1922 D D Drennan Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 1 6 1975

449-22-c28-45-9

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 8 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai
City of Coeur d'Alene Ida.
No. ..... St.
Hospital Reed.
Registration District No. 30
Primary Registration District No. 1031
File No. 98661
Registered No. 1221

FULL NAME OF CHILD Dorothy Phyllis.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes.	Jan. 27 1922

What bactericidal solution was used in eyes? 20 % Argyrol.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	John J. Munn.	FULL MAIDEN NAME Dorothy Derry.
RESIDENCE	Coeur d'Alene R. F. D.	Coeur d'Alene R. F. D.
COLOR	White.	White
AGE AT LAST BIRTHDAY (Years)	31	28.
BIRTHPLACE	Mass.	Col.
OCCUPATION	Carpenter.	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) John O Wood
(Physician or midwife)
Address Coeur d'Alene Idaho.
Filed Feb 6 1922 D P Brenna
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 15 1942

296-127-028-759

PLACE OF BIRTH

RECEIVED FEB

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai
City of Coeur d'Alene
No. ..... St.
Hospital Reeds

Registration District No. 30
Primary Registration District No. 1051

File No. 98662
Registered No. 1220

FULL NAME OF CHILD Donald Roydon Broadhead
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Jan 27 1922

What bactericidal solution was used in eyes? 20% Argyrol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Roydon Whitworth Broadhead	FULL MAIDEN NAME	Frances May Gerard
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Waterville Wash	BIRTHPLACE	Kellog Ida
OCCUPATION	Mechanic	OCCUPATION	X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4.45a M. (Born alive or stillborn) on the date above stated.

(Signature) John D Wood
(Physician or midwife)
Address Coeur d'Alene Idaho
Filed Feb 6 1922 D D Drema
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

791-23-028-863

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Kootenai

RECEIVED FEB 5 - 1922 VITAL STATISTICS

CERTIFICATE OF BIRTH

City of

Registration District No. 30 File No. 98664

No. St.

Primary Registration District No. 105-1 Registered No. 1218

Hospital

FULL NAME OF CHILD Pearl Agnes Grater

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				Yes	Jany 31 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Grater	Rose E. Holder
RESIDENCE	Athol, Ida	Athol, Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	55	31
BIRTHPLACE	Germany	Wis
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1.15 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) Frank Wing

Rathdrum Ida
(Physician or midwife)

Address

Filed Feb 6 1922 W D Drenna
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 6 1942

995-229028-465

Form V. S. No. 11-C--25m-7-21-19

RECEIVED
FEB 8 - 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30 File No. 98665

No. ..... St.

Primary Registration District No. 1057 Registered No. 1217

Hospital .....

FULL NAME OF CHILD Virginia Ruth Irvine

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Jany 29, 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur C. Irvine	FULL MAIDEN NAME	Gladys E. Moe
RESIDENCE	Belmont, Ida	RESIDENCE	Belmont, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Wis.
OCCUPATION	laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rathdrum, Ida

Filed Feb. 6 1922 D D Drenna

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 23 1942

194-122-028-899

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
FEB 8 - 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of

No. St.

Hospital

Registration District No. 30 File No. 98666

Primary Registration District No. 1051 Registered No. 1216

FULL NAME OF CHILD Victor Ford Armstrong

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Jany 22. 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clyde W. Armstrong	FULL MAIDEN NAME	Kate Hirlinger ~~Ellen Moore~~
RESIDENCE	Athol, Ida R. 1.	RESIDENCE	Athol, Ida R. 1.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	~~32~~ 41 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	~~Mich~~ Missouri	BIRTHPLACE	~~Mich~~ Idaho
OCCUPATION	logger	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wong

Rathdrum, Ida
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Rathdrum

Filed Feb 6 1922 D D Drewes
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Lewis }

Certificate 98666
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Victor Ford Armstrong (Name on original certificate) who was born (Was born or died) on Jan. 22, 1922 (Date of event)
in Athol, Kootenai Co. Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by parents still living (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Mother's name	Ellen Moore	Kate Herlinger
Birthplace	Michigan	Idaho
Father's age	32	41
Birthplace	Mich	Missouri

Subscribed and sworn to before me this 14
day of May, 1942
Richard W. Mitchell
Notary Public, residing at Nezperce, Idaho
My commission expires May 14, 1944
[SEAL]

Signed Kate Herlinger Armstrong
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Nezperce Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lewis }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14
day of May, 1942
Richard W. Mitchell
Notary Public, residing at Nezperce, Idaho
My commission expires May 14, 1944
[SEAL]

Signed Mrs. Flora Z. Wilson
(Signature of any credible person other than the previous affiant.)
Nezperce, Idaho
(Street Address, City, State)

Received for filing on MAY 19 1942 By
(Registrar's signature)

553-2 13-028-259

PLACE OF BIRTH

RECEIVED FEB 8 - 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-2[illegible]-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of

No. St.

Hospital

Registration District No. 30 File No. 98667

Primary Registration District No. 1051 Registered No. 1215

FULL NAME OF CHILD Hazel Louise Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Jany 13, 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joe L. F. Nelson	FULL MAIDEN NAME	Etta E. Berges
RESIDENCE	Rathdrum, Ida	RESIDENCE	Rathdrum, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Wash.	BIRTHPLACE	Wash.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 25 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Rathdrum Idaho

Filed Feb 6 1922 W D Drenna

Registrar

MARG[illegible] [illegible]D FOR BINDING.

WRITE PLAINLY WI[illegible]K—THIS IS A PERMANENT REC[illegible]

—In case of more than o[illegible] SEPARATE RETURN must be [illegible] and the [illegible] of [illegible] order of birth stated.

FEB 24 1943

AUG 8 1949

959-212-028-849

RECEIVED
FEB 8 - 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Kootenai

CERTIFICATE OF BIRTH

City of Coeur d'Alene

Registration District No. 30 File No. 98668

No. _____ St.

Primary Registration District No. 1057 Registered No. 1214

Hospital _____

FULL NAME OF CHILD (unnamed) Reinhart

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Jany (Month) 12 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Roy Reinhart	FULL MAIDEN NAME	Irene Hurrell
RESIDENCE	Rathdrum, Ida.	RESIDENCE	Rathdrum, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wing
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Rathdrum Idaho

Filed Feb 6 1922 D D Drema
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-121-028-266 RECEIVED

PLACE OF BIRTH

STATE OF ID[redacted]
BUREAU OF VITAL [redacted]

[redacted]m V. S. No. 11-C—25m-1-1-13

County of Kootenai

CERTIFICATE OF [redacted]

City of Hooley. Idaho R R 1

Registration District No. 30

File No. 98670

No. ..... St.

Primary Registration District No. 1050

Registered No. 1212

Hospital .....

FULL NAME OF CHILD Chavley Bender Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	1 - 21 - 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chavley B Smith "Deceased"	FULL MAIDEN NAME	Catharine Sofford
RESIDENCE	Hooley. Idaho RR.1.	RESIDENCE	Hooley. Idaho RR.1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Tennessee
OCCUPATION	Farmer.	OCCUPATION	House Wife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 4:10 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Arrington M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Hooley. Idaho.

Filed Feb 6 1922 D D Drenna

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 10 1943

OCT 1942

County of Kootenai FEB 8 - 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Coeur d'Alene Dist.

Registration District No. 30 File No. 98671

No. Linden & Nora St.

Primary Registration District No. 1001 Registered No. 1211

Hospital

Full Name of Child Maude Elizabeth Andersaon

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female				Yes	Jan. 17 1922

FATHER		MOTHER	
FULL NAME	Hans Jacob Anderson	FULL MAIDEN NAME	Maude Cunningham
RESIDENCE	Coeur d'Alene Ida.	RESIDENCE	Coeur d'Alene Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Canada
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Kates Wagner

[redacted] (Physician or midwife)

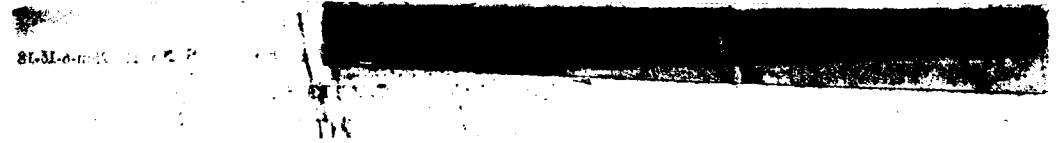
Address Coeur d'Alene Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb 6 1922 D. D. Drew Registrar



313-413 028-144

PLACE OF BIRTH

STATE OF [redacted]

BUREAU OF VITA[redacted]

Form V. S. No. 11-C—25m-1-1-13

RECEIVED FEB 8 - 1922

CERTIFICATE [redacted]

County of Koolenai

City of Coeur d'Alene

Registration District No. 30 No. 98[redacted]

No. _____ St.

Primary Registration District No. 1050 Registered No. 1[redacted]

Hospital _____

FULL NAME OF CHILD Margarette Ellen Talbott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (D[redacted])
F		Yes	1 - 1[redacted]

FATHER		MOTHER	
FULL NAME	Edward D. Talbott	FULL MAIDEN NAME	Viola E. Adding[redacted]
RESIDENCE	Worley, Ida, R.R. 1.	RESIDENCE	Worley Ida R.R. 1.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Indiana	BIRTHPLACE	Kentuckey
OCCUPATION	Farmer.	OCCUPATION	House Wife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living at 4:10 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Herrington M.D.
(Physician or midwife)

Given names added from a supplemental report.

Address Worley, Idaho

_____ 19__

Filed Feb. 1922 D D Drennan
Registrar

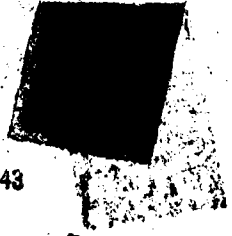
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



APR 2 1943

DEC 3 7 1944

059-214-028-231

Form V. S. No. 11-C—2m-7-21-19

PLACE OF BIRTH

RECEIVED
FEB 8 - 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30 File No. 98673

No. ..... St.

Primary Registration District No. 1051 Registered No. 1209

Hospital .....

FULL NAME OF CHILD Mary Cecelia Wernette

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Jan. 14 1922

FATHER		MOTHER	
FULL NAME	Nicodemus D. Wernette	FULL MAIDEN NAME	Agalenda Blanchard
RESIDENCE	Coeur d'Alene, Ida.	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Minnesota
OCCUPATION	Lawyer	OCCUPATION	Housework

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 9. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Wenger M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report. ..... 19....

Address Coeur d'Alene Ida

Filed Feb 6 1922 W D Drennan
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 1943

238-213-028-416

RECEIVED
FEB 8 - 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene, Ida

Registration District No. 30 File No. 98674

No. _____ St.

Primary Registration District No. 1051 Registered No. 1205

Hospital _____

FULL NAME OF CHILD Mary Katheryn Schneider

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Jan. 13 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Sloysius Joseph Schneider	FULL MAIDEN NAME	Ethyl Dawson
RESIDENCE	Coeur d'Alene, Ida	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Wisconsin
OCCUPATION	Telegraph Operator	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5:15 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John P. Ward

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Coeur d'Alene

Filed Feb 6 1922 D D Drennan

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

843-210-028-556

RECEIVED FEB 8 - 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30 File No. 98675

No. ..... St.

Primary Registration District No. 1037 Registered No. 1207

Hospital .....

FULL NAME OF CHILD Margery Ann Hutsell

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Jan. 10 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert C. Hutsell	FULL MAIDEN NAME	Flo Newcomb
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer Jr.
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Coeur d'Alene Ida.

Filed Feb 6 1922 D D Drenna
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 9 1942

[illegible] WHY A CERTIFICATE OF BIRTH SH
[illegible] BECAME COMPLETED WITH CH

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Coeur d'Alene

Street:

County: Kootenai

File Number: 98675

Registration Dist. No.:

Date of Birth: Jan. 10 192.2

Sex of Child: Female

Father: Robert Carl Hutsell (Full Name)

Mother: Flo Newcomb (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Margery Ann Hutsell (Child's Name in Full)

Mrs. R. C. Hutsell (Signature of Father or Mother)

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

396-112028-619

RECEIVED
FEB 8 - 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene, Ida.

Registration District No. 30 File No. 98676

No. ____ St.

Primary Registration District No. 1051 Registered No. 1206

Hospital ____

FULL NAME OF CHILD Wayne Herbert Cross

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Jan. 12 1922

FATHER	MOTHER
FULL NAME Earl Cross.	FULL MAIDEN NAME Lizzie B. Fairchild
RESIDENCE Coeur d'Alene, Ida.	RESIDENCE Coeur d'Alene, Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Kansas.	BIRTHPLACE Kansas.
OCCUPATION Rancher.	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6 P. M. on the date above stated.

(Signature) Dr. John D. Cross

(Physician or midwife)

Address Coeur d Alene

Filed Feb. 6 1922 D S Brennan
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 13 1922
VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Coeur d'Alene

Street: 15th and Boyd

County: Kootenai

File Number: 98676

Registration Dist. No.:

Sex of Child: Male

Date of Birth: January 12, 192 2

Father: Earl Cross (Full Name)

Mother: Lizzie Belle Fairchild (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Wayne Herbert Cross. (Child's Name in Full)

Lizzie B. Cross. (Signature of Father or Mother)

MAY 19 1942 MAY 16 1945 APR 25 1952

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

319-112-028-632

PLACE OF BIRTH

RECEIVED FEB 8 - 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Registration District No. 30 File No. 98677

Hospital .....

Primary Registration District No. 1064 Registered No. 1205

FULL NAME OF CHILD Christian Carlson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Jan (Day) 12 (Year) 1922
Male		yes	

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	John Carlson	FULL MAIDEN NAME	Pauline Olson
RESIDENCE	Coeur d'Alene, Ida	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Lumber piler	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Sawyer H.
Physician
(Physician or midwife)

Address Coeur d'Alene, Ida.

Filed Feb. 6 1922 [illegible]
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

638-211-028-855

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 8 - 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98678

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Registration District No. 30

File No. .....

Hospital .....

Primary Registration District No. 1057

Registered No. 1204

FULL NAME OF CHILD Genevieve F. Flynn

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	Jan 11 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	John M. Flynn	FULL MAIDEN NAME	Mary Louise Henry
RESIDENCE	Coeur d'Alene, Ida	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	New York	BIRTHPLACE	Texas
OCCUPATION	Sawyer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) J. C. Burgess M.D.

P. Flynn
(Physician or midwife)

Address Coeur d'Alene, Ida.

Filed Feb. 6 1922 A. D. Brenna
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 12 1942

319-107-028-293

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED FEB 8 - 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene, Idaho

Registration District No. 30 File No. 98679

No. ..... St.

Primary Registration District No. 1001 Registered No. 1203

Hospital .....

FULL NAME OF CHILD William John Carmichael

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Jan 7 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Rex Carmichael	FULL MAIDEN NAME	Mary Silver
RESIDENCE	Coeur d'Alene, Idaho	RESIDENCE	Coeur d'Alene, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Salt Lake City - Utah
OCCUPATION	Fire Insurance Surveyor	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr John F. Wood

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Coeur d'Alene

Filed Feb 6 1922 D D Drenn

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued October 28, 1940. E.W.

SEP 20 1940

355-203-028-444

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Registration District No. 30

File No. 98680

Hospital

Primary Registration District No. 1057

Registered No. 1202

FULL NAME OF CHILD Marguerite Bess Leach
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Jan. (Day) 3 (Year) 1922
F		Yes	

What bactericidal solution was used in eyes? Argepol 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	R. R. Leach	FULL MAIDEN NAME	Mattie Dudden
RESIDENCE	1119 4th, C.D.A.	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Neb.	BIRTHPLACE	Neb.
OCCUPATION	Lineman	OCCUPATION	H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 1 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan

Physician
(Physician or midwife)

Address Coeur d'Alene

Filed Feb. 6 1922 D D Drennan
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-301-028-143

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 8 - 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98701

County of Kootenai

City of Coeur d'Alene

Registration District No. 30 File No.

No. St.

Primary Registration District No. 1037 Registered No. 1201

Hospital

FULL NAME OF CHILD Myrle Lucile Finney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Jan. 1 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Elias Finney	FULL MAIDEN NAME	Harriet Anna Dullanty
RESIDENCE	Coeur d'Alene, Ida	RESIDENCE	Coeur d'Alene, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Minn.	BIRTHPLACE	Wisc.
OCCUPATION	Auto. Merch.	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer H.

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Coeur d'Alene, Ida.

Registrar

Filed Feb 6 1922 D H Drenna Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, March 8, 1922.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Coeur d'Alene

Street: Glen Eyrie, Lake Coeur d'Alene

County: Kootenai

File Number: 98701

Registration Dist. No.:

Sex of Child: Girl

Date of Birth: January 1st 1922.

Father: John Elias Finney (Full Name)

Mother: Harriette Anna Dallaney (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Myrle Lucile Finney

Child's Name in Full

Mrs. Harriette A Finney

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

445-125-29-291

[redacted] OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Latah

Moscow

No. [redacted] Jackson St. Registration District No. 61 File No. 98702

Hospital The Gritman Primary Registration District No. 1011 Registered No. 14

FULL NAME OF CHILD Robert Louis Munro
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	1-25-1922

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Alexander Munro	FULL MAIDEN NAME	Elsie Adaline Bratton
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Scotland	BIRTHPLACE	Illinois.
OCCUPATION	Lumberman & Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9:30 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) Chas. L. Gritman

Physician
(Physician or midwife)

Address Moscow Idaho.

Filed Jan 31 1922 M. H. Carothers
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-21-44

JAN 11 1944

SEP 23 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. 720 So. Main St.

Hospital The Gritman

RECEIVED FEB 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 101 File No. 98703

Primary Registration District No. 1011 Registered No. 7

FULL NAME OF CHILD Gertrude Elizabeth Crum

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	Jan. 16 192

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Leroy Crum, Deceased	FULL MAIDEN NAME	Violet Marie McFadden
RESIDENCE	—	RESIDENCE	Corvallis, Oregon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Denmark	BIRTHPLACE	Galveston, Texas
OCCUPATION	—	OCCUPATION	Domestic

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman

(Physician or midwife)

Address Moscow, Idaho.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed ..... 192.. ..... Registrar.

216 123-029-219

PLACE OF BIRTH

RECEIVED
FEB 31 1922
VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Registration District No. 61 File No. 98704

Hospital Carithers

Primary Registration District No. 1011 Registered No. 9

FULL NAME OF CHILD Homer Barton Safford

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Jan 23 1922

What bactericidal solution was used in eyes? Ag NO3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Raymond J Safford	FULL MAIDEN NAME	Vern Marie Barton
RESIDENCE	Moscow Ida.	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Murray Ida
OCCUPATION	Bank Teller	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:20 P. M. **on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M H Carithers M D

(Physician or midwife)

Address Moscow

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Jan 30 1922 M H Carithers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 13 1976

193-21-1922-314

PLACE OF BIRTH

County of Latah

City of Moscow

No. 1102 So. Main St.

Hospital The Gritman

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 21 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 98705

Primary Registration District No. 1011 Registered No. 8

FULL NAME OF CHILD Jean Louise Aitkenhead

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
fem.	and		Yes	Jan. 18 1922

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	William Charlton Aitkenhead	FULL MAIDEN NAME	Lillian Louise Lamb
RESIDENCE	Moscow, Idaho.	RESIDENCE	Moscow, Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Parsons Kansas	BIRTHPLACE	Indianapolis, Ind.
OCCUPATION	Chemist U of I.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:41 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Chas. W. Gritman
(Physician or midwife)

Address Moscow, Idaho

Filed Jan 31 1922 W.H. Carruthers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1942

MAR 13 1948

813-44-029-666

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 21 1922
BUREAU OF VITAL STATISTICS

County of Latah
City of Moscow
No. 215 E. A St.
Hospital
Registration District No. 61
Primary Registration District No. 1011
File No. 98706
Registered No. 6

FULL NAME OF CHILD Frank Walter Halverson.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 14 1922

What bactericidal solution was used in eyes? Argent nit

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Hans Halverson	FULL MAIDEN NAME	Jessie Woodhurst
RESIDENCE	Latah Co Idaho	RESIDENCE	Latah Co Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Latah Co Idaho	BIRTHPLACE	Midland Co Mich.
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12-15 P. M. on the date above stated.

(Signature) F. M. Leitch M. D.
Moscow
(Physician or midwife)
Address Moscow Idaho

Filed Jan 31 1922 W. H. Carithers
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 14 1943

993-214-029-253

PLACE OF BIRTH

County of Latah

City of Moscow

No. 120 So Main St.

Hospital The Gateway

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98707

Registration District No. 61 File No.

Primary Registration District No. 1911 Registered No. 5

FULL NAME OF CHILD Grace Kellam Richardson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	Jan-14 1922

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Otis Duntan Richardson	FULL MAIDEN NAME	Vivian Kathleen Kellam
RESIDENCE	Moscow, Idaho.	RESIDENCE	Moscow, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Nebraskacity, Neb.	BIRTHPLACE	Seattle, Wash.
OCCUPATION	Instructor, U of I.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:15 A. M. on the date above stated.

(Signature) Chas. L. Fortune

(Physician or midwife)

Address Moscow Idaho

Filed Jan 31 1922 W. H. Carruthers Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-107-029-859

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

REC... FEB 2... BUREAU ... STA...

County of Latah
City of Moscow
No. 729 So Main St.
Registration District No. 61
File No. 98708
Hospital The Gritman Primary Registration District No. 1911 Registered No. 4

FULL NAME OF CHILD Howard Lester Brown
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	Jan. 7 1922

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Charles Walter Brown	FULL MAIDEN NAME	Flora Ethel Herrington
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Moscow, Idaho.	BIRTHPLACE	Moscow, Idaho
OCCUPATION	Machinist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12:23 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles L. Gritman
(Physician or midwife)

Address Moscow Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Jan 31 1922 M. Hoaruthers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 3 19

415-20-2029-255

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 98709

County of Latah

City of Troy

No. RD St.

Registration District No. 61

Hospital

Primary Registration District No. 214

Registered No. 3

FULL NAME OF CHILD Charlotte Maxine Davidson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes	Jan 7 1922

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	William Davidson	FULL MAIDEN NAME	Laura Kenny
RESIDENCE	Troy, Idaho.	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4:20 a. M. on the date above stated.
(Born alive or stillborn)

(Signature) Chas. L. Gutman M.D.
(Physician or midwife)

Address Moscow, Idaho.

Filed Jan 31 1922 W. H. Carruthers
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 20 1922

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Troy

Place of Birth — Street: .....

Place of Birth — County: Latah

File Number: 98709

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Jan 7 192 2

Father: Wm H. Davidson (Full Name)

Mother: Laura A. Kenney (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Charlotte Maxine Davidson
Child's Name in Full

Mrs. W. H. Davidson
Signature of Father or Mother

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

599-104.029-282

PLACE OF BIRTH

County of Latah

City of Pullman

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 98710

Primary Registration District No. 2141 Registered No. 2

FULL NAME OF CHILD Glen Edward Kirk
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	1 4 1922

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Durell Kirk	FULL MAIDEN NAME	Mary Anna Bysegger
RESIDENCE	Pullman	RESIDENCE	Pullman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Jan 4 - 1922, at 12-6 P. M.
(Born alive or stillborn)
on the date above stated.

(Signature) A. L. Brown

(Physician or midwife)

Address Garfield Wash.

Filed Jan 31 1922 M. H. Carruthers
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 22 1961

451-103 27-168

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah Co

City of Moscow

No. ..... St.

Hospital Inland Empire

Registration District No. 61 File No. 98711

Primary Registration District No. 1011 Registered No. I

FULL NAME OF CHILD Mead, Orin Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	January 3, 1922

What bactericidal solution was used in eyes? Ag_2NO_3 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Mead, Tom Chase	FULL MAIDEN NAME	Lucile Johnson
RESIDENCE	304 West 6th Street, Moscow, Idaho	RESIDENCE	304 West 6th Street, Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Indianapolis, Indiana	BIRTHPLACE	Springville, Utah.
OCCUPATION	Associate Professor of Agricultural Engineering	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Gilchrist
Physician
(Physician or midwife)

Address Moscow, Idaho

Filed Jan 31 1922 M H Barthers
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 3 0 1954

NOV 1 6 1972

769-131-029-569

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah
City of Moscow
No. Rural St. Registration District No. 61 File No. 98712
Hospital Primary Registration District No. 2141 Registered No. 58

FULL NAME OF CHILD Walter Milton Gormsey
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 31 1922

What bactericidal solution was used in eyes? Argyrol 17%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	George Christensen Gormsen	FULL MAIDEN NAME	Clara Margret Narum
RESIDENCE	Moscow, Idaho, R.F.D.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Virgil M. Gilchrist
Physician
(Physician or midwife)
Address Moscow, Idaho

Filed Jan 31 1922 W. H. Carruthers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, 3/7 192 2

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Moscow R. 1

~~Street~~:

County: Latah

State: Idaho

File Number: 98712

Registration Dist. No.:

Date of Birth: Jan 29 192 2

Sex of Child: Male

Father: George Gorman (Full Name)

Mother: Clara Marum (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Walter Milton Gorman.

Child's Name in Full

Mr. and Mrs. G. Gorman

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98713

County of Latah
City of Moscow
No. 218 S. Howard St.
Hospital
Registration District No. 61
Primary Registration District No. 1011
File No.
Registered No. 17

FULL NAME OF CHILD Richard Lockwood Sodorff
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan. 31 1922

What bactericidal solution was used in eyes? Argent. nit.

Number of child of this mother, including present birth 4th Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Harold W. Sodorff	FULL MAIDEN NAME	Olive May Hamblin
RESIDENCE	Whitman Co. Washington	RESIDENCE	Whitman Co. Washington
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Staley, Washington	BIRTHPLACE	Ritchi, Michigan
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5.10 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Leitch M.D.
(Physician or midwife)

Address Moscow Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Jan 31 1922 W. H. Carruthers
Registrar.

MAY 14 1942

390-227-029-296

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No.

Hospital

Registration District No. 61 File No. 98714

Primary Registration District No. 1011 Registered No. 16

FULL NAME OF CHILD Jean Forene Trout
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.			Yes	Jan. 27 1922

What bactericidal solution was used in eyes? Ag. No. 3 1%

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Ora A. Trout	FULL MAIDEN NAME	Mina Ethel Brock
RESIDENCE	Moscow, Ida.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Gilchrist
Physician
(Physician or midwife)

Address Moscow Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Jan 31 1922 W. H. Carithers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 1922
VITAL
BUREAU

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Mar 13th 192 2

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Moscow

File Number: 98714

Street:

Registration Dist. No.:

County: Latah

Sex of Child: Female Female

Date of Birth: Jan 27th 192 2

Father: Ora Trout (Full Name)

Mother: Ethel Brock (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Jean Lorene Trout
(Child's Name in Full)

Ora Trout
(Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

238-126-029-599

PLACE OF BIRTH

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah — Registration District No. 601 — File No. 98715

City of Moscow — No. Rural — St.

Hospital — Primary Registration District No. 2111 — Registered No. 15

FULL NAME OF CHILD Erwin Lorenza Lee
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan. 26 1922

What bactericidal solution was used in eyes? Argyrol 1%

Number of child of this mother, including present birth 2 — Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Benj. Erwin Lee	FULL MAIDEN NAME Mabel Erickson
RESIDENCE	Genesee, Idaho	RESIDENCE Same,
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	32	25
BIRTHPLACE	Idaho	BIRTHPLACE Idaho
OCCUPATION	Farmer	OCCUPATION Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Virgil M. Gilchrist
Physician
(Physician or midwife)

Address Moscow, Idaho

Filed Jan 31 1922 N. H. Carothers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

Boise, Idaho, 3/7 192 2

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Moscow

Street:

County: Latah

File Number: 98715

Registration Dist. No.:

Sex of Child: Male

Date of Birth: January 26 192 2

Father: Bernie Ervin Sly (Full Name)

Mother: Mabel Erickson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Erwin Lourza Sly.

Child's Name in Full

Mrs Bernie E Sly.

Signature of Father or Mother

JAN 31 1951

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, pa: and legitimacy.

It enables the Public Health Nurse to make sure the ch: been protected from danger of blindness and other infections at

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men ar pelled to furnish certified copies of certificates of birth, it portant that the certificates be filed with the BUREAU OF VITAL TICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah
City of Moscow
No. 122 N Wash St.
Hospital

Registration District No. 61 File No. 98716
Primary Registration District No. 1011 Registered No. 13

FULL NAME OF CHILD Virgil Jean Knight
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem			Yes	Jan 23 1922

What bactericidal solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Thomas McKinley Knight	FULL MAIDEN NAME	Nettie Edith Montooth
RESIDENCE	Twin Falls Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Kansas	BIRTHPLACE	
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5.30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Galbreit
Physician
(Physician or midwife)

Address Moscow Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Jan 31 1922 W. H. Carothers
Registrar.

MAY 14 1963

JAN 3 1 1948

355-12-229-553

PLACE OF BIRTH

RECEIVED FEB 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 720 So. Main St.

Hospital The Gritman

Registration District No. 61

Primary Registration District No. 1011

File No. 98717

Registered No. 12

FULL NAME OF CHILD Joseph Edwin Lee

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	January 22 1922

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Joseph Edwin Lee	FULL MAIDEN NAME Juanita Estelle Nilson
RESIDENCE	Moscow, Idaho.	Moscow, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	26
BIRTHPLACE	Artesian, S.D.	Wisconsin
OCCUPATION	Norwegian Minister	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4:58 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Chas. L. Gritman

Physician
(Physician or midwife)

Address Moscow, Idaho

Filed JAN 31 1922 W. St Carithers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 16 1960
APR 3 1962

169-109.029-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98718

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

County of Latah
City of Moscow
No. 326 E. A St.
District No. 101
File No.
Hospital
Primary Registration District No. 1011
Registered No. 11

FULL NAME OF CHILD Harry Robert Mortensen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	and		Yes	Jan 9 1922

What bactericidal solution was used in eyes? Arg. No. 3 1/2 %

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Harry Martin Mortensen	FULL MAIDEN NAME	Edna Celta Wilcox
RESIDENCE	Moscow Ida R.F.D. 1.	RESIDENCE	Moscow Ida R.F.D. 1.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	N. C.
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Virgil M. Gilchrist
Physician
(Physician or midwife)
Address Moscow Idaho

Filed Jan 31 1922 M. H. Carothers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1942

533-122-029-245

PLACE OF BIRTH

RECEIVED FEB 3 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98720

County of Latah

City of Moscow

No. ..... St.

Registration District No. 61

File No. .....

Hospital .....

Primary Registration District No. 1011

Registered No. 21

FULL NAME OF CHILD Robt Ivan Ellsworth
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Jan. 22 1922

What bactericidal solution was used in eyes? Nit Silver

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	C. M. Ellsworth	FULL MAIDEN NAME	Jennie Bunker
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Maine	BIRTHPLACE	Maine
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 11 - P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Clark
(Physician or ~~midwife~~)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed Jan 31 1922 N. H. Carithers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 30 1942

256-122-074-219

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 1922

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 98721

Primary Registration District No. 1011 Registered No. 20

FULL NAME OF CHILD Russell O. Snowden
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Jan. 22 1922

What bactericidal solution was used in eyes? Nit Silver

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Wm O. Snowden	FULL MAIDEN NAME	Ina C. Bailey
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Neb.
OCCUPATION	Draymen	OCCUPATION	Home wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2 P. M. (Born alive or ~~stillborn~~) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Clarke

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Jan 31 1922 M St Coart

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

915-208 1029-695

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah FEB 2 1922

City of Moscow

No. ..... St.

Registration District No. 61 File No. 98722

Hospital ..... Primary Registration District No. 1011 Registered No. 19

FULL NAME OF CHILD Marguerite Rankin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Jan 8 1922

What bactericidal solution was used in eyes? Nit Silver

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	W. W. Rankin	FULL MAIDEN NAME	Sarah Findlay
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	[illegible]
BIRTHPLACE	Penn	BIRTHPLACE	Ore
OCCUPATION	Laborer	OCCUPATION	Hous wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 9-30-[illegible] M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. [illegible]arke
(Physician or ~~midwife~~)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed Jan 31 1922 W. H. Carithers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 22 1949

466-127-022-563

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98723

County of Latah
City of Moscow
No. ..... St.
Hospital .....

RECEIVED FEB 21 1922 BUREAU OF VITAL STATISTICS

Registration District No. 61
Primary Registration District No. 1011
File No. .....
Registered No. 22

FULL NAME OF CHILD Harold E. Dawdy
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan 27 1922

What bactericidal solution was used in eyes? Nit Silver

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	J. P. Dawdy	FULL MAIDEN NAME	Mary E. Nolan
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Wash	BIRTHPLACE	Neb.
OCCUPATION	Mail Carrier	OCCUPATION	Nurse wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 11 - a ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) J. H. Clarke
(Physician or ~~midwife~~)

Address .....

Filed Jan 31 1922 W. H. Carruthers Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-203-029-381

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED FEB 21 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98725

County of Lafayette

City of Avon

Registration District No. 2147 File No. 6

No. ..... St.

Primary Registration District No. 67 Registered No. 38

Hospital .....

FULL NAME OF CHILD Beulah Willard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	V	2	Yes	Jan. 3 1922

FATHER	MOTHER
FULL NAME Leroy Willard	FULL MAIDEN NAME Florence Chase
RESIDENCE Avon R. I.	RESIDENCE Avon R. I.
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Ill.	BIRTHPLACE Iowa.
OCCUPATION Farmer	OCCUPATION H. W.

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust M. D.
(Physician or midwife)

Given names added from a supplemental report.

Address Deary

1-16 1922 P. C. Faust
Registrar

Filed 1-16 1922 P. C. Faust
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S23-215-019-469

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Latah

City of Troy R.2

Registration District No. 2147 File No. 98726

No. ..... St.

Hospital ..... Primary Registration District No. 67 Registered No. 39

FULL NAME OF CHILD Verleen Lenore Nelson

Sex of Child	Twin, Triplet or other (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.	1	2	yes	Jan. 15 22.

	FATHER	MOTHER
FULL NAME	Leonard F. Nelson	Florence Martinson
RESIDENCE	Troy R.2.	Troy R.2.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	35	27
BIRTHPLACE	Mich.	Ida.
OCCUPATION	farmer	H.W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

Physician

(Physician or midwife)

Given names added from a supplemental report, 1-16 19 22

P. C. Faust
Registrar

Address Deary

Filed 1/16 19 22 P. C. Faust
Registrar

K

AUG 27 1942

695-17-029-791

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98727

County of Latah

City of Deary

Registration District No. 2147

File No.

No. ..... St.

Primary Registration District No. 67

Registered No. 40

Hospital

FULL NAME OF CHILD Delbert Elrid Frei

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	Jan. 17 1922

FATHER

FULL NAME: Edward Frei

RESIDENCE: Deary

COLOR: W.

AGE AT LAST BIRTHDAY (Years): 34

BIRTHPLACE: Kas.

OCCUPATION: Com. Laborer

MOTHER

FULL MAIDEN NAME: Maggie Granli

RESIDENCE: Deary

COLOR: W.

AGE AT LAST BIRTHDAY (Years): 31

BIRTHPLACE: Ida

OCCUPATION: H.W.

Number of child of this mother, including present birth: 3 Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:08 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

Physician

(Physician or midwife)

Address Deary

Given names added from a supplemental report, 1-17 1922

P. C. Faust
Registrar

Filed 1-17 1922

P. C. Faust
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 16 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 - 1922 ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Deary

Street: .....

County: Latah Idaho

File Number: 98727

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: 17th January 1922

Father: Edward Frei (Full Name)

Mother: Maggie May Grant (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ora Delbert Elmid Frei (Child's Name in Full)

Edward Frei (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

265-119-029-386

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

RECEIVED FEB 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98728

County of Latah

City of Deary

Registration District No. 2147 File No. 6

No. ..... St.

Primary Registration District No. 67 Registered No. 41

Hospital .....

FULL NAME OF CHILD Stanley Lanette Swecker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	yes	Jan. 19 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles D. Swecker	FULL MAIDEN NAME	Esther Thompson
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Ida.
OCCUPATION	Laborer	OCCUPATION	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:07 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

Physician (Physician or midwife)

Given names added from a supplemental report.

1-23 1922

Address Deary

P. C. Faust Registrar

Filed 1/23 1922 P. C. Faust Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAR 7 - 1922

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Deary Idaho

Street: .....

County: Latah

File Number: 98728

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Jan. 19 192. 2

Father: Charles Smucker (Full Name)

Mother: Esther Thompson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Stanley Lanette Smucker

Child's Name in Full

Charles Smucker

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

748-20-029632

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED FEB 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

98729

CERTIFICATE OF BIRTH

County of Latah

City of Kendrick

Registration District No. 2147

File No. 6

No. ____ St.

Primary Registration District No. 67

Registered No. 42

Hospital ____

FULL NAME OF CHILD Herbert Verner Gustafson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	V	1	Yes.	1 — 20 1922

	FATHER	MOTHER
FULL NAME	Carl Oscar Gustafson	FULL MAIDEN NAME Elvira Olson
RESIDENCE	Kendrick R 2.	RESIDENCE Kendrick R 2.
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY	32 (Years)	22 (Years)
BIRTHPLACE	Ida.	Ida.
OCCUPATION	Farmer	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 1:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust
Physician.
(Physician or midwife)

Given names added from a supplemental report.

1 — 23 1922

P. C. Faust
Registrar

Address Deary

Filed 1 — 23 1922. P. C. Faust
Registrar

K

DECEASED

RECEIVED
MAY 3 1922
BUREAU OF VITAL STATISTICS

FORM V. S. NO. 27B. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH--BUREAU OF VITAL STATISTICS

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth
City Kendrick R. 2 Registered No. 21
Street and House No. Registration Dist. No.
County Latah

Sex of Child male

Date of Birth 1 20 1922
MONTH DAY YEAR

Father Carl Oscar Gustafson
FULL NAME

Mother Elvira Olson
FULL MAIDEN NAME

I Hereby Certify that the child desc
has been named: Herbert Verner
GIVEN NAME IN FULL

as reported by C. O. Gust
FATHER OR MOTHER

R. C. Lar
LOCAL REGISTRAR

98 '18

147

07

MAY 20 1943

ribed herein

SURNAME

314-128-029-395

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98730

RECEIVED FEB 21 1922 BUREAU OF VITAL STATISTICS

County of Latah

City of Helmer

Registration District No. 2147 File No. 6

No. ..... St.

Primary Registration District No. 67 Registered No. 43

Hospital ∞

FULL NAME OF CHILD Eugene Muriel Campeau

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	V	V	Yes	Jan. 28 1922

	FATHER	MOTHER
FULL NAME	Louis A. Compeau	Clara Finer
RESIDENCE	Helmer	Helmer
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	46	35
BIRTHPLACE	Wis	Minn
OCCUPATION	Coole	H. W.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:40 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust
Physician
(Physician or midwife)

Address Deary

Given names added from a supplemental report. 2-7 1922

P. C. Faust
Registrar

Filed 2/7 1922 P. C. Faust
Registrar

VED
MAR 13 1922
PUBLIC

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR. 7 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: St Maries

Street:

County: Latah

File Number: 98730

Registration Dist. No.: 69

Sex of Child: Male

Date of Birth: Jan. 28 192 2

Father: Louis A Campeau (Full Name)

Mother: Clara Lydia Theresa Liner (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Eugene Muriel Campeau.

Child's Name in Full

Mrs. Louis A. Campeau.

Signature of Father or Mother

APR 30 1968

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

269-101-029-296

PLACE OF BIRTH

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

98731

County of Latah

City of Genesee

Registration District No. 62

File No.

No. ..... St.

Primary Registration District No. 2142

Registered No. 1

Hospital

FULL NAME OF CHILD Gerald Edwin Broenneke

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	1-1-22 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chris Broenneke	FULL MAIDEN NAME	Lena Broenneke
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Ehlen

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address

Filed 1-1-1922 W H Ehlen

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Genesee

Place of Birth — Street: .....

Place of Birth — County: Latah

File Number: 98731

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: January 1 192 2

Father: Chas. H. Braemeke (Full Name)

Mother: Lena Braemeke (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Gerald Edwin Braemeke (Child's Name in Full)

Mr. & Mrs. Chas. H. Braemeke (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

515-216-029-235

RECEIVED FEB

Form V. S. No. 11-C—2Mm-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

Registration District No. 62 File No. 98732

Primary Registration District No. 2142 Registered No. 3

FULL NAME OF CHILD Helen Geneva Van Moulken

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes	1 - 16 - 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Herbert Van Moulken	FULL MAIDEN NAME	Lyda Blinden
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Rouse

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Genesee, Idaho

Registrar

Filed Jan 22 1922 W. H. Ehrem
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] Form V. S. No. 11-G—[redacted]-8-8-17

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Genesee

No. 414-105-024-238 St.

Registration District No. 62

File No. 98733

Primary Registration District No. 2142

Registered No. 2

Hospital

FULL NAME OF CHILD Lester Charles Mauch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	1 - 5 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. Benjamin Mauch	FULL MAIDEN NAME	Emma Maria Scharnhorst
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Genesee
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Rouse

M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Genesee, Idaho

Filed 1-12 1922 W. H. Ehlers

Registrar

315-R25-029-662

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98736

County of Latah

City of Linden

No. ..... St.

Registration District No. 68

File No. .....

Hospital Home

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Allen Leonard Langdon
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan. 25 1922

What bactericidal solution was used in eyes? Argyrol 25%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Earl Albert Langdon	FULL MAIDEN NAME	Laura May Foster
RESIDENCE	Linden	RESIDENCE	Linden
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Linden	BIRTHPLACE	Croton, Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Andrew Otteraaen

Physician
(Physician or midwife)

Address Kendrick, Idaho.

Filed 2-10 1922 R. F. Pepper
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-114-029-414

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah.

City of Princeton

Registration District No. 65 File No. 98737

No. ..... St.

Primary Registration District No. 2145. Registered No. .....

Hospital .....

FULL NAME OF CHILD Earnest James Bradford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan. (Month) 14 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Merl Curtiss Bradford	FULL MAIDEN NAME	Eva Blanche Maupin
RESIDENCE	Princeton Idaho	RESIDENCE	Princeton Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Elmore, Minnasota	BIRTHPLACE	Princeton, Idaho
OCCUPATION	Auto Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 3 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D J W. Thompson
M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Pottneck

Filed Jan. 30 1922.

D J W. Thompson
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC WELFARE

RECEIVED MAR 24 1922 BUREAU OF VITAL STATISTICS

Boise, Idaho, March 16, 1922. 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Princeton; Street Idaho; County Latah

File Number 237 98639

Registration Dist. No. 98

Sex of Child male

Date of Birth January 14 1922

Father Merl Curtiss Bradford (Full Name)

Mother Eva T. Blanche Maupin (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Earnest James T. Bradford (Child's Name in Full)

Please give date of birth, as this was not put on the certificate, and also give name of child. If you have not named the child please send in date of birth anyway.

Mrs. M. C. Bradford (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

249-221-029-632

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

FEB 1 1922

CERTIFICATE OF BIRTH

County of Latah.

City of Potlatch

Registration District No. 65. File No. 98738

No. ____ St.

Primary Registration District No. 2145. Registered No. ____

Hospital ____

FULL NAME OF CHILD Joyce Smith.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.	—		—	yes.	Jan. 21 1922

FATHER		MOTHER	
FULL NAME	Ready Smith.	FULL MAIDEN NAME	Marie Olson.
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Minnesota
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 2 20 P. M. on the date above stated.

(Signature) Dr. J. W. Thompson.
M. D.
(Physician or midwife)

Address Potlatch

Filed Jan 23rd 1922. Dr. J. W. Thompson
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

152-226-029-231

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

No. 950 Spruce St.

Hospital

Registration District No. 65 File No. 98739

Primary Registration District No. 2145 Registered No.

FULL NAME OF CHILD Florence May Anshutz

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	\		\	yes	Jan (Month) 26 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward H. Anshutz	FULL MAIDEN NAME	Leona Opal Stamper
RESIDENCE	950 Spruce Potlatch Ido	RESIDENCE	Potlatch Ido
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Oregon
OCCUPATION	Box Maker	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernst D Hein

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Palouse Wash

Filed Jan. 31st 1922. Dr Jn. Thompson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 27 1944

268-226-029-652

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 8 - 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Troy

No. ..... St. Registration District No. 64 File No. 98741

Hospital ..... Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Doris Madeline ~~[illegible]~~ Bohman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Jan. 26 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	John G. Bohman	FULL MAIDEN NAME	Hilda Alida Westberg
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Sweden	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9.45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Nelson M. D.
(Physician or midwife)

Give names added from a supplemental report.

Feb. 4 1922

Lucy M. Pickerd
Registrar.

Address Troy Idaho

Filed Feb 4 1922 Lucy M Pickerd
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 18 1942

Amended 4/24/72

394-12-029-855

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 98742
Local Reg. No.
Reg. Dist. No. 64

1. PLACE OF BIRTH
a. COUNTY: Latah
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Troy
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Latah
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Troy
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Walter
b. (Middle): Roland
c. (Last): Liden

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Male	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Jan. 27, 1922

FATHER OF CHILD

7. FULL NAME
a. (First): Andrew
b. (Middle):
c. (Last): Liden, Jr.

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
42 YEARS	Sweden	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Christina
b. (Middle):
c. (Last): Hendrickson

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
40 YEARS	Sweden	6		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: R.G. Nelson, M.D.-

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Troy, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Feb. 4, 1922

22. REGISTRAR'S SIGNATURE: Lucy M. Pickerd

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

...ENTIFICATE TO DIVISION OF VITAL STATISTICS, Boise, Idaho

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
MAR 20 2 46 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Latah } ss.

Certificate No. 98742

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Walter Raymond Liden (Name on Original Certificate) who was born (Was Born or Died) on Jan. 27, 1922 (Date of Event)
in Troy, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on 7 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's middle name	Raymond	Roland
Mother's maiden name	Christina Hendrickson	Kristine Hendrickson
Birthday	Jan 27 - 1922	Jan 28 1922

Subscribed and sworn to before me this 10th day of March, 1972

Notary Public, residing at Moscow, Idaho
My commission expires 3-1-76
(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Latah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of March, 1972

Notary Public, residing at Moscow, Idaho
My commission expires 3-1-76
(Seal)

Signed Georgia Lucille Liden (Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 2/16/72 nm

Honorable Discharge from The Army of U.S. gives name as Walter Roland Liden, 39459355, Private, 345th QM Depot Co. Dated May 6, 1943. Signed by Robert C. Borman, Captain, QMC. Viewed by V. S.

Diploma from Troy High School gives name as Walter Roland Liden. Dated May 15, 1940. Signed by David Ross, Superintendent. Viewed by V. S.

261-105-029-418

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Troy

No. ____ St. ____ Registration District No. ____ File No. 98745

Hospital ____ Primary Registration District No. ____ Registered No. ____

RECEIVED MAR 0 1922 BUREAU OF VITAL STATISTICS

FULL NAME OF CHILD Elmo Laverne Swanson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Feb 5 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Axel E. Swanson	FULL MAIDEN NAME	Nellie E. Dahlin
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Troy
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. H. Nelson M.D.
(Physician or midwife)

Address Troy Idaho

Give names added from a supplemental report.

March 1 1922
Lucy M. Pickett
Registrar.

Filed March 1 1922 Lucy M. Pickett
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 29 1950

OCT 29 1950

846-223-029-469

Form V. S, No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
MAR 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kalish

City of Bovill

Registration District No. 66

File No. 98746

No. ____ St.

Hospital Bovill Hosp

Primary Registration District No. 246

Registered No. ____

FULL NAME OF CHILD Marilu Huffman

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Feb. 23 1922

FATHER	MOTHER
FULL NAME Frank Lytle Huffman	FULL MAIDEN NAME Mildred Margaret Moran
RESIDENCE Quincy Washington	RESIDENCE Quincy Washington
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Illinois	BIRTHPLACE Wisconsin
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

(Signature) F.C. Gibson

Physician

(Physician or midwife)

Address Bovill Idaho

Filed 2/28 1922 Mrs F.C. Gibson

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

631-210-029-295

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Bovill Registration District No. 66 File No. 98747

No. ..... St.

Hospital Bovill Primary Registration District No. 2166 Registered No. .....

FULL NAME OF CHILD Helen Flaig

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Feb. 10- 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Daniel Flaig	Hilda Brede
RESIDENCE	Helmer Ida	Helmer
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	29
BIRTHPLACE	Washington	Russia
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 a. M. on the date above stated.

(Signature) F. P. Gibson

Physician

(Physician or midwife)

Address Bovill Idaho

Filed 2/15 1922 Mrs F.C. Gibson

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

242-116.030-219

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

98748

County of Lemhi

City of Salmon

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

Full Name of Child Eugene H. Buster

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Male				January 16 (Month) (Day) 19 22 (Year)

FATHER		MOTHER	
FULL NAME	John W. Buster	FULL MAIDEN NAME	Rena Bartl
RESIDENCE	Salmon, Idaho	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Northfork, Idaho
OCCUPATION	Stage Driver	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born Alive 2:00 (Born alive or stillborn), at A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F S Wright M D

Physician (Physician or midwife)

Address Salmon, Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Feb 10 1922 Clio E Bellamy Registrar

Dep.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 10 1941

JAN 9 1945

717-201-030-359

RECEIVED FEB 1 1922

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 41

Primary Registration District No. 2116

File No. 98749

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
girl		Yes	Feby 1st 1922

FATHER		MOTHER	
FULL NAME	Pappette	FULL MAIDEN NAME	Mary Cerasani
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	4 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Blacksmith	OCCUPATION	Hwfe

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F S Wright M D

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Salmon Idaho

Filed Feb 10 1922 Alva Bellamy Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

546/01-030-231

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-5-17

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 98750

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Eugene Frank Edwards

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb 10 1922

FATHER		MOTHER	
FULL NAME	Frank J Edwards	FULL MAIDEN NAME	Gladys Shaw
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Nurse

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T J Mayhew M D

Physician (Physician or midwife)

Address Salmon Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feb 10 1922 Clio E. Bellamy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 7 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF BIRTH

City of Salmon

No. 299-122-030-814 St.

Registration District No. 41

File No. 98751

Primary Registration District No. 2116

Registered No.

Hospital

FULL NAME OF CHILD Willard Hammond Bird

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 1 (Month) 22 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Kenneth M. Bird	FULL MAIDEN NAME	June Hammond
RESIDENCE	Salmon, Ida	RESIDENCE	Salmon, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Illinois
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.50 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. Stratton, M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Salmon, Idaho

19

Filed Feb. 10 1922 Clio E. Bellamy Dep.

Registrar

Registrar

S-Y-CO 38071

Boise, Idaho, 7-[illegible] 192[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Salmon

Street:

County: Lemhi

File Number: 98750

Registration Dist. No.:

Sex of Child: Male

Date of Birth: January 22 192 2

Father: Kenneth M. Bird
Full Name

Mother: June Rose Hammond
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Willard Hammond Bird
Child's Name in Full

June H. Bird
Signature of Father or Mother

OVER

AUG 28 1961

FEB 5 1971

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

642-218-030-238

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 98752

Primary Registration District No. 2116 Registered No. _____

FULL NAME OF CHILD Roanna Esther Hussey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	1-18-22

FATHER		MOTHER	
FULL NAME	Franc Gilbert Hussey	FULL MAIDEN NAME	Clara Amelia Schmitz
RESIDENCE	Salmon, Ida	RESIDENCE	Salmon, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Oregon	BIRTHPLACE	Washington
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (alive or stillborn) at 9:40 A.M. on the date above stated.

(Signature) O. J. Stratton, M.D.

(Physician or midwife)

Address Salmon, Ida.

Filed Feb 10 1922 Clio C. Bellamy Registrar

ab-h.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 29 1945

418-218-030-418

Form V. S. No. 11-C—25m-9-8-27

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Tendoy

Registration District No. 41

File No. 98753

No. ..... St.

Primary Registration District No. 2116

Registered No. .....

Hospital .....

FULL NAME OF CHILD Hazel Jane Mahaffey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		Yes	1/18 1922

FATHER		MOTHER	
FULL NAME	Stephen H Mahaffey	FULL MAIDEN NAME	Hazel Mahaffey
RESIDENCE	Tendoy	RESIDENCE	Tendoy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hannis

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Salmon Idaho

Filed Feb 10 1922 Clio E. Bellamy Dep. Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
MAR 17 1922
REAU OF VITAL
STATISTICS

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Jerdon

Street:

County: Lemhi

File Number: 38753

Registration Dist. No.:

Date of Birth: January 18th 192 2

Sex of Child: Female

Father: Stephen A. Mahaffey (Full Name)

Mother: Hazel Mulkey Mahaffey (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Hazel Jane Mahaffey
Child's Name in Full

Mrs. Stephen A. Mahaffey
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

363-215-030-795

PLACE OF BIRTH

County of Lewis

City of Baker

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-27

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 98754

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Maybelle Tolan

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				Yes	Jan 15 1922

FATHER		MOTHER	
FULL NAME	August Tolan	FULL MAIDEN NAME	Gladys Pierce
RESIDENCE	Baker	RESIDENCE	Baker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Roumania	BIRTHPLACE	Montana
OCCUPATION	Common laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 7:45 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Chas F. Hammaren

Physician

(Physician or midwife)

Address Salmon Idaho

Filed Feb 1 1922 Alice C. Billamy

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Baker Ida

Street:

County: Lemhi

File Number: 98754

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Jan 15 1922

Father: August Tolon (Full Name)

Mother: Gladys Prince (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Maybelle Tolon (Child's Name in Full)

August Tolon (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

231-224-031-298

Received Feb 21, 1922

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 98756
Local Reg. No.
Reg. Dist. No. 47

Amended 11/23/77

1. PLACE OF BIRTH

a. COUNTY: Lewis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Nezperce

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Route 3

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Lewis

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Nezperce

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Eleanor b. (Middle): Lorraine c. (Last): Staples

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Fem.	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Jan 24, 1922

FATHER OF CHILD

7. FULL NAME

a. (First): William b. (Middle): c. (Last): Staples

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
40 YEARS	Missouri	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Ivey b. (Middle): c. (Last): Bryant

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
29 YEARS	Kansas	2		

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: E. Taylor, M. D.

18. ATTENDANT AT BIRTH: M.D. x MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Nezperce, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 2-6-22

22. REGISTRAR'S SIGNATURE: Albert Huff

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Time: 2 AM

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

9/27/77

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 12 12 58 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Alameda } ss.

Certificate No. 98756

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Elenor Lorane Staples (Name on Original Certificate) who was born (Was Born or Died) on January 24, 1922 (Date of Event) in Nezperz, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Baptism (Bible Record, Insurance Policy, Etc.) prepared on March 26, 1972 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Elenor Lorane Staples	Eleanor Lorraine Staples

Subscribed and sworn to before me this 6th day of October, 19 77

[signature]

Notary Public, residing at Fremont, Calif.

My commission expires

(Seal)

Signed x Eleanor Lorraine Bergere

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5382 Tallman Ct Fremont Calif 94536

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Alameda } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of October, 19 77

[signature]

Notary Public, residing at 39340 Fremont Blvd., Fremont, Ca.

My commission expires 9-11-78

(Seal)

Signed Mary J. Nickolai

(Signature of Any Credible Person)

Rt. 1 Box 86C2

(Street Address, City, State)

Lynn Ridge, Tn. 37178

LAURITA A. BURKHOLDER
NOTARY PUBLIC - CALIFORNIA
ALAMEDA COUNTY
My commission expires Sept. 11, 1978

FORM DH 60-155

Certif of Death fro John E. Mallon born Jan 7, 1916 , died Dec 24, 1969. Listes wife's name as Eleanor Staples Mallon. died in California. viewed by V. S.

Marriage certif rom California gives name as John Charles Howard Beyers and Eleanor Lorraine Mallon. dated June 21, 1974. viewed by V. S.

Certif of Baptism gives name as Eleanor Lorraine Mallon born Jan 24, 1922 at Nez Perce, Idaho. Baptized March 26, 1972. viewed by V. S.

Insurance policy from Acacia Mutaul Life Ins. Co. Washington, D. C. gives name as Eleanor Lorraine Mallon. dated June 5, 1958. viewed by V. S. Husband's name as John E. Mallon.

249-106-032-313

PLACE OF BIRTH

Form V. S. No. 11—20m

[redacted] OF IDAHO

DE[redacted] PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. 16

File No. 98758

No. ..... St.

Primary Registration District No. 1046

Registered No. 3

Hospital .....

FULL NAME OF CHILD Beryl Burdett,

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)
Male	Yes		1st	Yes	Feb	6 22

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Francis John Burdett,	FULL MAIDEN NAME	Myrtle Collins,
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Y	32
BIRTHPLACE	Wyo	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present b

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Feb 10 1922 J. L. Turner Re

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 4 1942

249-206-032-363

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 98759

County of Lemhi

City of Salmon

No. ..... St.

Registration District No. .....

Primary Registration District No. .....

Registered No. 4

Hospital .....

FULL NAME OF CHILD Beverly Burdett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	Yes		2	Yes	Jan 6 1922

FATHER		MOTHER	
FULL NAME	Francis John Burdett	FULL MAIDEN NAME	Myrtle Collins
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Wyo	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 a M.
(Born alive or stillborn)
on the date above stated.

(Signature) [signature]

(Physician or midwife)

Address .....

Filed July 10, 1922 J. L. Fuller Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETUEN must be made for each and the number of each, in order of birth stated.

JUL 25 1967

493108: 032-219

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone,

No. ____ St.

Hospital

Registration District No. 16 File No. 98760

Primary Registration District No. 1616 Registered No. 5

FULL NAME OF CHILD George ? F. Dicks, Junior.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.	X (To be answered only in event of plural births)	X	yes,	1 8 2. 192

What bactericidal solution was used in eyes? 10% Argyrol.

Number of child of this mother, including present birth #3 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Dicks, George F.	FULL MAIDEN NAME: Karren, Stella.
RESIDENCE: Shoshone, Idaho.	RESIDENCE: Shoshone, Idaho.
COLOR: White	COLOR: White,
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 24. (Years)
BIRTHPLACE: Kansas.	BIRTHPLACE: Idaho.
OCCUPATION: Book keeper .	OCCUPATION: Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6.40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Herbert C. Deane M.D.

Physician.
(Physician or midwife)

Address Shoshone, Idaho.

Filed Feb 9 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

653212-032-791

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lincoln

City of Jelrick

No. 1 Mile East St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-6-17

Registration District No. 16

Primary Registration District No. 2016

File No. 98761

Registered No. 1

FULL NAME OF CHILD Unnamed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe.	—		—	yes	1. 12. 1922

FATHER

FULL NAME William Fechner.

RESIDENCE 1 M. E of Jelrick. Idaho

COLOR Wh. AGE AT LAST BIRTHDAY 36. (Years)

BIRTHPLACE Germany

OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Meda Gragor

RESIDENCE Jelrick.

COLOR Wh. AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Germany

OCCUPATION Housewife.

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1205 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert E Drane. MD

Physician (Physician or midwife)

Address [illegible]

Given names added from a supplemental report.

.....19.....

Registrar

Filed July 16 19.....

Registrar

258-115-032-794

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED FEB 21 1922

County of Lincoln

City of Shoshone

No. ..... St.

Hospital Dills

Registration District No. 16 File No. 98762

Primary Registration District No. ~~2016~~ 2016 Registered No. 2

FULL NAME OF CHILD Houston Charles Snyder

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Jan 15 1922

FATHER		MOTHER	
FULL NAME	Houston E. Snyder	FULL MAIDEN NAME	Hannah W. Greenig
RESIDENCE	Carey Ida	RESIDENCE	Carey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Mo	BIRTHPLACE	Kansas
OCCUPATION	Physician	OCCUPATION	Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Dill
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address

Filed Jany 16 1922 J. L. Fuller Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1942

JUN 4 1942

NOV 8 1943

297-229-033-312

PLACE OF BIRTH

County of Madison

City of Rexburg

No. _____ St.

Hospital _____

RECEIVED FEB 1 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 98764

Primary Registration District No. 2[illegible] Registered No. 13

FULL NAME OF CHILD Ida Mae Bigler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	1 - 29 1922

FATHER		MOTHER	
FULL NAME	Glenn L. Bigler	FULL MAIDEN NAME	Inez Lake
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Rexburg Idaho	BIRTHPLACE	Fairview Idaho
OCCUPATION	Drug Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Rexburg Idaho

Filed 2/10 1922 G. G. Espe Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 14 1959

RECEIVED
JUL 25 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Ririe

Street: .....

County: Madison

File Number: 98764

Registration Dist. No.: .....

Date of Birth: June 29 1922

Sex of Child: Female

Father: Glen L. Bigler (Full Name)

Mother: Inez Lake (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ida Mae Bigler
Child's Name in Full

Mrs Glen Bigler
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

OCT 14 1952

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

567-126-033-386

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 98765

Primary Registration District No. 2178 Registered No. 12

FULL NAME OF CHILD Vance Victor Vogel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	1 (Month) – 26 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	George H. Vogel	FULL MAIDEN NAME	Gladys Thomson
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Rockport, Indiana	BIRTHPLACE	Teton, Idaho
OCCUPATION	Mgr. Western Union	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. O. Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rexburg Idaho

Filed 2/2 1922 G. G. Esper Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 28 1942

418-121-233-547

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED FEB 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

Registration District No. 100 File No. 98766

No. ..... St.

Primary Registration District No. 2178 Registered No. 11

Hospital .....

FULL NAME OF CHILD Frederick Charles Maynard Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	1-21-22

FATHER		MOTHER	
FULL NAME	Fred C. Maynard	FULL MAIDEN NAME	Ruth Edgerton
RESIDENCE	Rexburg, Idaho	RESIDENCE	Rexburg, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Sheboygan, Wisconsin	BIRTHPLACE	Yankton South Dakota
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6:40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. O. Martin

Physician
(Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 2/7 1922

Registrar

OCT 7 1942

917-220-033-449

PLACE OF BIRTH

RECEIVED ... 1922 ... VITAL ... 108

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

Registration District No. 100 File No. 98767

No. ..... St.

Primary Registration District No. 2478 Registered No. 10

Hospital .....

FULL NAME OF CHILD Betty Jeanne Ragan

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 1 - 20 - 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John W. Ragan	FULL MAIDEN NAME	Elva Murray
RESIDENCE	Rexburg, Idaho	RESIDENCE	Rexburg, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Modale Iowa	BIRTHPLACE	Wellsville, Utah
OCCUPATION	Asst. Bank Cashier	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:35 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. O. Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rexburg Idaho

Filed 2/2 1922 G. Hope

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAR 7 - 1922

Boise, Idaho,.....

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is o
ance to have the full name included in the record. Kindly fill in the information requested in th
and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL ST

Place of Birth — City: Rexburg

Street: 54 South 3rd E.

County: Madison

File Number: 98767

Registration Dist. No. .....

Date of Birth: Jan. 20

Sex of Child: Female

Father: John W. Ragan (Full Name)

Mother: Elva Mur (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Betty Jeanne Ra (Child's Name in Full)

Elva Ragan (Signature of Father or

RECEIVED
JUL 14 1925
BUREAU OF VITAL
STATISTICS

ERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
.....192... ACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

f vital import-
e blank below egistration is part of every child's birthright.
blishes legally the date of the child's birth, parentage
ATISTICS. .
_____ bles the Public Health Nurse to make sure the child has
from danger of blindness and other infections at birth.

..... - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

correct age for purposes of school attendance.
..... loyment.
tection under the law.
.....1922. itary and jury duty.
ht to travel unmolested in foreign lands.
ht to vote.
..... nt to receive pensions and inherit property.
nishes acceptable evidence of genealogy.
it to get married.
; at this time while many of the Ex-Service men are com-
..... ish certified copies of certificates of birth, it is im-
e certificates be filed with the BUREAU OF VITAL STATIS-
me completed by furnishing the name of the child.

..... SE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.
Mother

168-215-033-396

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

Registration District No. 100 File No. 98768

No. ..... St.

Primary Registration District No. 2178 Registered No. 9

Hospital .....

FULL NAME OF CHILD GWEN EDITH Johnson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	1 - 15 - 22

FATHER	MOTHER
FULL NAME Ephraim Johnson	FULL MAIDEN NAME Edith Crockett
RESIDENCE Rexburg Idaho	RESIDENCE Rexburg Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Pleasanton, Ida.	BIRTHPLACE Weston, Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) A. C. Martin
Physician
(Physician or midwife)

Address Rexburg Idaho

Filed 2/2 19 22

G. [illegible]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 98768

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Guenn	Gwen Edith Johnson

Subscribed and sworn to before me this 27
day of July, 1942

Notary Public, residing at Preston Idaho

My commission expires 12-17-44
(Seal)

Signed Catherine P. Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

JUL 31 1942

595-115-033-299

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Madison

City of Archer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 98769

Primary Registration District No. 2178 Registered No. 8

FULL NAME OF CHILD George Emil Niederer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	1 15 1922

FATHER		MOTHER	
FULL NAME	Arthur E. Niederer	FULL MAIDEN NAME	Mary A. Briggs
RESIDENCE	Archer Idaho	RESIDENCE	Archer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	South Cottonwood, Utah	BIRTHPLACE	Archer Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.55 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. W. Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rexburg Idaho

Filed 2/2 1922 G. G. Espe Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 13 1922
BUREAU OF
STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAR 7 - 1922

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City ..... Archer

Place of Birth — Street. .....

Place of Birth — County ..... Madison

File Number 98769

Registration Dist. No. .....

Sex of Child ..... Male

Date of Birth ..... Jan. 15th ..... 192.2.

Father ..... Arthur Ernest Niederer ..... Mother ..... Mary Ann Briggs .....

Full Name — Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

..... George Ernest Niederer .....

Child's Name in Full

..... Mary A. Niederer .....

Signature of Father or Mother

OVER

NOV 6 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

819-202-033-155

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Hibbard

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 98770

Primary Registration District No. 2178 Registered No. 7

FULL NAME OF CHILD Flossie Amanda Haines

Sex of Child Female | Twin / Triplet / or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth Jan. 2 (Month) (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME O. W. Haines	FULL MAIDEN NAME Alvertha Jensen
RESIDENCE Hebbard, Idaho	RESIDENCE Hibbard, Idaho
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Hyrum, Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9L° A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) A C O Martin

Physician
(Physician or midwife)

Address Rexburg Idaho

Filed 2/2 19 22 G Goshe
Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County .....

File Number 98770

Registration Dist. No. .....

Sex of Child Female

Date of Birth June 2 1922

Father Pearl William Haines (Full Name)

Mother Olivertha Olivia Jensen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Flossie Amanda Haines.

Child's Name in Full

Mrs. P. W. Haines.

Signature of Father or Mother

APR 13 19[illegible]

AUG 19 1942

AUG 21 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212-121-033 154

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ____ St.

Hospital ____

RECEIVED 1922 VITAL 08

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 98771

Primary Registration District No. 2178 Registered No. 6

Full Name of Child FRANK SASAKI

SEX OF CHILD	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month)
Boy			yes	1 21 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	K Sasaki	Shio A[redacted]
RESIDENCE	Rexburg	Rexbur[redacted]
COLOR	Jap	Jap
AGE AT LAST BIRTHDAY (Years)	43	45
BIRTHPLACE	Japan	Japan
OCCUPATION	Laberor	Laberor

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

1 Photostat copy 1/1/42

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5-4 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Mae Gibson

Midwife (Physician or midwife)

Address ____

Given names added from a supplemental report

..... 19....

Registrar

Filed 2/2 19 22 G G Cope

Registrar

JAN 12 1942

(See Cert. #99427)

Dup of 1922-99427.

814-102-033-916

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Madison

City of Newdale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 98772

Primary Registration District No. 2178 Registered No. 5

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	1 — 2 — 1922

FATHER		MOTHER	
FULL NAME	Charles S. Haus	FULL MAIDEN NAME	Zenia Dean Rawlins
RESIDENCE	Newdale	RESIDENCE	Newdale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Works in Gage	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. G. Espe

M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

G. G. Espe

Registrar

Address Rexburg, Idaho

Filed 2/2 1922 G. G. Espe

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1430

693-209.033 5415

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 21 1922

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. 98773

Primary Registration District No. 2178 Registered No. 4

FULL NAME OF CHILD Ruth Willard
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	1 - 9 - 1922

What bactericidal solution was used in eyes? 2% Sol Mercury chrome

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	James Howard Willard	FULL MAIDEN NAME	Georgiana Davis
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jorin F. Rich

MD
(Physician or midwife)

Address Rexburg Idaho

Filed 2/2 1922 G G Esp
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 15 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sugar City; Street: None; County: Madison

File Number: 98773

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Jan 9 192.2

Father: James Howard Willard (Full Name) Mother: Georgiana Davis (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ruth Willard.
Child's Name in Full

Georgiana D. Willard
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1428

599208-033-334

CHILD'S NAME ADDED 07/19/2012-KLA

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

RECEIVED
FEB 21 1922
VITAL STATISTICS

Registration District No. 100 File No. 98774

Primary Registration District No. 2178 Registered No. 3

FULL NAME OF CHILD Edna LaNor Virgin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	1-8-1922

What bactericidal solution was used in eyes? 2% Sol Mercury chrome

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Enos Owen Virgin	FULL MAIDEN NAME	Edna Minerva Cluff
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich

MD
(Physician or midwife)

Address Rexburg Ida Exp.

Filed 2/2 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 1 6 1969

RECEIVED RECEIVED
JUN 26 2012 JUN 25 2012

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Fremont } SS

Certificate No. 1922-98774
Date Filed February 21, 1922

The undersigned does solemnly swear (affirm) that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)
for [unnamed baby girl] (Name on Original Certificate) who was born (Was Born, Died, etc.) on January 8, 1922 (Date of Event)
in Sugar City (Madison County), Idaho (Place of Event) are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Child's First Name	[none]	Edna
Child's Middle Name	[none]	LaNor
Child's Last Name	[none]	Virgin

Subscribed and sworn (affirmed) to before me this 18th day of June, 2012

Notary Public, Judith M. Dewey
Residing at St Anthony
My commission expires 6/8/2014

(Seal)

JUDITH M. DEWEY
NOTARY PUBLIC
STATE OF IDAHO

Applicant's Signature Edna LaNor Virgin
Printed Name Edna LaNor Virgin
Street Address 343 N 1700 E
City, State, ZIP St Anthony ID 83445

COMMENCEMENT EXERCISES OF RICKS COLLEGE PROGRAM DATED JUNE 1, 1941 SHOWS Edna LaNor Virgin AS A GRADUATE-VIEWED BY VS-KLA
LETTER FROM THE CHURCH OF JESUS CHRIST OF LATTER DAY SAINTS DATED MARCH 5, 1947 TO MISS Edna LaNor Virgin SIGNED BY PRESIDENT GEO ARTHUR SMITH-VIEWED BY VS-KLA

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } SS

(Must be completed ☐)
(Is not necessary ☒)

The undersigned does solemnly swear (affirm) to have knowledge of the facts as set forth above and that they are true to the best of their knowledge.

Subscribed and sworn (affirmed) to before me this _____ day of _____, _____

Notary Public, _____
Residing at _____
My commission expires _____

(Seal)

Applicant's Signature _____
Printed Name _____
Street Address _____
City, State, ZIP _____

1427

214-104-033-997

PLACE OF BIRTH

name added 1-6-84 dl

RECEIVED
FEB 2[illegible] 1922
[illegible] VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Hibbard

No. ..... St.

Hospital .....

Registration District No. 100 File No. 98775

Primary Registration District No. 2178 Registered No. 2

FULL NAME OF CHILD Keith Charles Saurey
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	1 — 4 — 1922

What bactericidal solution was used in eyes? 2% sol mercury chrome

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	William A Saurey	FULL MAIDEN NAME	Olive Martha Rigby
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Address Rexburg Idaho

Filed 2/2 1922 G. G. Eliffe
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-27-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 6 7 11 AM '84

State of IDAHO
County of Madison } ss.

Certificate No. 98775
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Saurey (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan 4, 1922 (Date of Event)

in Hibbard (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Keith Charles Saurey

Subscribed and sworn to before me this 4th day of January, 1984.

Notary Public, Phyllis Jean Edwards

Residing at Rexburg, ID

My commission expires Life

(Seal)

X Keith Charles Saurey
Signature of Applicant

Chester Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Madison } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of January, 1984.

Notary Public, Phyllis Jean Edwards

Residing at Rexburg, ID

My commission expires Life

(Seal)

lcc pd

Kay W. Ligby
Supporting Signature

Route 1, Box 69, Rexburg, ID 83440
Street Address, City, State

Certificate of Blessing from LDS Church gives Keith Charles Saurey son of William Alfred Saurey and Olive Rigby born Jan 4, 1922 at Hibbard was blessed March 5, 1922. Viewed by V.S.

JAN 6 1984

Affidavit from Father dated March 6, 1953 states Keith Charles Saurey was born Jan 4, 1922 in Hibbard. Viewed by V.S.

1428

264-108-033-719

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 21 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Madison

City of Hibbard

No. ..... St.

Hospital .....

Registration District No. 100 File No. 98776

Primary Registration District No. 2178 Registered No. 1

FULL NAME OF CHILD ROSS SOMMER
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	1 - 8 - 1922

What bactericidal solution was used in eyes? 2% Sol Mercury chrome

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Fred Sommer	FULL MAIDEN NAME	Mary Edith Park
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Rexburg Idaho

Filed 2/2 1922 G. Gleason
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 98776
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)

for ..... (Name on original certificate) who ..... (Was born or died) on ..... (Date of event)

in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Sommer	Ross Sommer

Subscribed and sworn to before me this 17th
day of December 1941
T. W. Smith
Notary Public, residing at Rexburg, Idaho
My commission expires 1-24-42
[SEAL]

Signed Fred Sommer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant.)

.....
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

366-201-035-921

PLACE OF BIRTH

RECEIVED FEB 21 1922 VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. ..... St.

Registration District No. 96 File No. 98778

Hospital St. Joseph Hosp. Primary Registration District No. 1009 Registered No. 840

FULL NAME OF CHILD Louise Catherine Coon
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes.	Jan 1 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Herbert L. Coon	FULL MAIDEN NAME	Pearl Isabell
RESIDENCE	Peck, Idaho	RESIDENCE	Peck
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Missouri	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 9 M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E G Braddock
(Physician or midwife)

Address Lewiston, Idaho

Filed 2-10 1922 Susan E Bruce
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

Braddock

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 10 1944

997-202-03[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1504-Main St.

Hospital White

RECEIVED

Registration District No. 96

File No. 98779

Primary Registration District No. 1009

Registered No. 841

FULL NAME OF CHILD [redacted] Ripley Leah Mae

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan 2 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Garlan Pepples Ripley	FULL MAIDEN NAME	Gladys Minnie Cleveland
RESIDENCE	Elston Montana	RESIDENCE	Elston Mont
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. T. J. Perkins

(Physician or [redacted])

Given names added from a supplemental report.

..... 19.....

Address Lewiston Idaho

Filed 2-10-1922 Susan E. Bruce

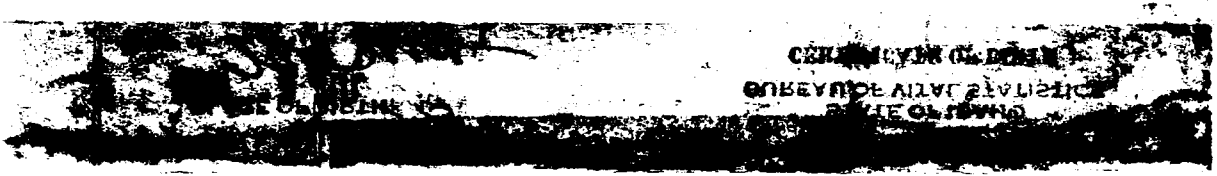
Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 5 1944



419-106-035-432

PLACE OF BIRTH

S[redacted]

DEPARTMEN[redacted]

BUREAU [redacted] STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St Joseph

Registration District No. 96 File No. 98780

Primary Registration District No. 1009 Registered No. 842

FULL NAME OF CHILD Noel Byron Martin Jr.

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Jan 6 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Noel Byron Martin	FULL MAIDEN NAME	Audrey McKinney
RESIDENCE	Lewiston Ida.	RESIDENCE	Lewiston Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	S. Dakota	BIRTHPLACE	Ill.
OCCUPATION	Attorney	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 4:35 A. M. on the date above stated. (Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O C Carsaow

(Physician or ~~midwife~~)

Address Lewiston Ida.

Filed 2. 10 — 1922 Ivan E Bruce

Registrar.

Give names added from a supplemental report.

....., 19....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JUN 26 1945

261-107.035-468

PLACE OF BIRTH Jamend 10-22-82

Form V.S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

FEB 21 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96

File No. 98781

No. 1404 - Main St.

Primary Registration District No. 1009

Registered No. 843

Hospital

FULL NAME OF CHILD Bobbie LaDelbert Swanson

Sex of Child M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Jan- (Month) 7 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Earl T. Swanson	FULL MAIDEN NAME	Wilda Marie Moyer
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Minn.	BIRTHPLACE	Ida
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 201 Morris Blk.

Filed 2-20 1922 Miriam E Bruce

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 28 1942

10-14-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
OCT 21 1982
Bureau of Vital Statistics

State of WASHINGTON
County of SNOHOMISH } ss.

Certificate No. 98781
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Bobbie Belbert Swanson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan 7, 1922 (Date of Event)

in Lewiston (NezPerce) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs middle name	Belbert	LaDelbert

Subscribed and sworn to before me this 18th day of October, 1982.
Notary Public, Kenneth H. McKinnon
Residing at MARYSVILLE, WA.
My commission expires JAN. 17, 1985
(Seal)

Bobbie LaDelbert Swanson
Signature of Applicant
216 - 140th N.E. MARYSVILLE, WA 98270
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON
County of SNOHOMISH } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of October, 1982.
Notary Public, Kenneth H. McKinnon
Residing at MARYSVILLE, WA.
My commission expires JAN 17, 1985
(Seal)

Melissa J Holiman
Supporting Signature
2333 255th NW Stanwood
Street Address, City, State

Washington Technical Institute Diplomas gives Graduate as Bob LaDelbert Swanson. Diploma given on December 22, 1944. Viewed by V.S.

OCT 22 1982

Employee of the Year Award from the Seattle Federal Executive Board gives name as Bobbie LaDelbert Swanson of the U.S. Post Office was given award on March 15,1966. Viewed by V.S.

168-108-035-532

PLACE OF BIRTH

RECEIVED FEB 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce — City of Lewiston — No. ____ St. — Registration District No. 96 — File No. 98782

Hospital St Joseph — Primary Registration District No. 1009 — Registered No. 844

FULL NAME OF CHILD Ewing Mc Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes.	Jan 8 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 — Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ewing M Johnson	FULL MAIDEN NAME	Lillian Eckles
RESIDENCE	Clarkston Wn	RESIDENCE	Clarkston Wn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Illinois	BIRTHPLACE	Washington
OCCUPATION	Pharmacist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul M Johnson
Clarkston Wn
(Physician or midwife)

Address Lewiston Ida

Filed 2-10-1922 Brian E. Bruce
Registrar.

Give names added from a supplemental report.

K ____, 19____
____
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 0 1974

MAY 8 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113-111-235-689

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED

County of Nez Perce

City of Lewiston

No. 1504 Main St.

Hospital White

Registration District No. 96

Primary Registration District No. 1009

File No. 98783

Registered No. 845

FULL NAME OF CHILD William Edward Jackson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 11 1922

FATHER	MOTHER
FULL NAME: Andrew Jackson	FULL MAIDEN NAME: Stella Whitman
RESIDENCE: Spalding, Ida	RESIDENCE: Spalding, Ida.
COLOR: Red	COLOR: Red
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: House-Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~Born dead~~), at 3.20 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. White

(Physician ~~or Midwife~~)

Address Lewiston, Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 2-10 1922 Susan E. Bruce

Registrar

863-211.035-296

PLACE OF BIRTH

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce
City of Lewiston
No. ____ St.
Hospital St. Joseph's

Registration District No. 96
Primary Registration District No. 1009

File No. 98784
Registered No. 846

FULL NAME OF CHILD Marion Edith Holmes
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	June 11 1921

What bacteriolidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Earnest E. Holmes	FULL MAIDEN NAME	Grace Brown
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ohio.	BIRTHPLACE	Illinois
OCCUPATION	Normal Teacher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11.20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul D. Johnson
Clarkston
(Physician or midwife)

Address Clarkston Wash

Filed 2-10-1922 Susan E. Bruce
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Johnson,

959-114-035-289

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 1 1922 VITAL STATISTICS

CERTIFICATE OF BIRTH

98785

County of Nez Perce

City of Lewiston Orchards

No. ..... St. Registration District No. 95 File No. .....

Hospital ..... Primary Registration District No. 1009 Registered No. 847

FULL NAME OF CHILD Lester Linn REIP.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Jan. 14 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	J. L. Reip	FULL MAIDEN NAME	Mabel Shrader
RESIDENCE	Lewiston Orchards	RESIDENCE	Lewiston Orchards
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	W. Va.	BIRTHPLACE	Minneapolis Minn.
OCCUPATION	Orchardist	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 1 A. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins
(Physician ~~or midwife~~)

Address Lewiston Idaho

Filed 2-10-1922 Susan E. Bruce
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 15 1922
BUREAU OF VITAL
STATISTICS

STATE C.

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Lewiston

Street:

County: Nez Perce

File Number: 98785

Registration Dist. No.:

Sex of Child: Male

Date of Birth: January 14 192 2

Father: Ira Linn Reip (Full Name)

Mother: Mabel Ethel Schrader (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lester Linn Reip
Child's Name in Full

Ira L Reip
Signature of Father or Mother

JUL 27 1949

JUL 18 1944

493-214-035-793

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. 1504-Main St.

Hospital White

Registration District No. 96

File No. 98786

Primary Registration District No. 1009

Registered No. 848

FULL NAME OF CHILD Jean Ellen Milne

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan (Month) 14 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Geo Milne	FULL MAIDEN NAME	Nellie Louise Gillman
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Aberdeen Scotland	BIRTHPLACE	Idaho
OCCUPATION	Brakeman	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

(Signature) W. F. McMahan M. D.

(Physician ~~or midwife~~)

Address Lewiston - Idaho

Filed 2-10-1922 Susan E. Bruce

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

259-215-035-749

PLACE OF BIRTH

County of Nezperce

City of Lewiston

No. ..... St.

Hospital 12-12-15th Ave.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-6-17

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

Registration District No. 96 File No. 98787

Primary Registration District No. 1009 Registered No. 849

FULL NAME OF CHILD Jeanne Mary Berger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	1—15—1922

FATHER

FULL NAME Herbert C. Berger

RESIDENCE Lewiston

COLOR W. AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Penn

OCCUPATION Mgr. Ret. Dept. (R.)

MOTHER

FULL MAIDEN NAME Mary Jane Parvis

RESIDENCE Lewiston

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Penn

OCCUPATION House Wife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. McMahan M. D.
(Physician or midwife)

Address Lewiston Ida.

Given names added from a supplemental report.

..... 19.....

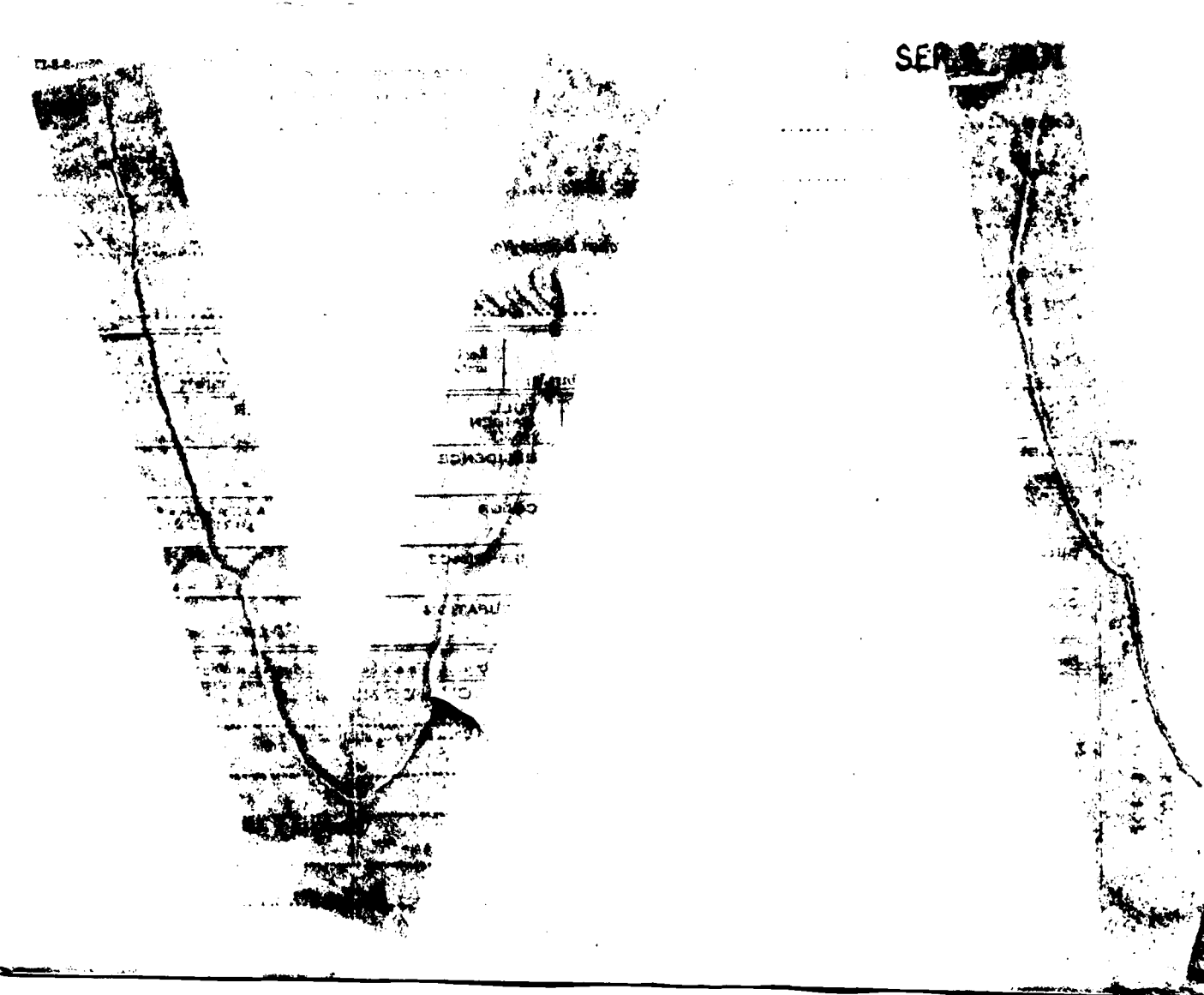
..... Registrar

Filed 2—10—1922 Susan E. Bruce Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



347-116-035-963

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98788

County of Nez Perce

City of Lewiston East.

No. ..... St.

Registration District No. 95 File No. .....

Hospital ..... Primary Registration District No. 1009 Registered No. 850

FULL NAME OF CHILD Peter Lupinacci

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Jan. 16 1922

What bactericidal solution was used in eyes? No.

Number of child of this mother, including present birth 9th Number of child of this mother now living, including present birth 8

FATHER	MOTHER
FULL NAME Peter Lupinacci	FULL MAIDEN NAME Teresa Polillo
RESIDENCE East Lewiston	RESIDENCE East Lewiston
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 45 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE ~~East Lewiston~~ Italy	BIRTHPLACE Italy
OCCUPATION Farmer	OCCUPATION House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~born~~ Jan. 16, at 1922 - 11 P. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins

(Physician or ~~midwife~~)

Address Lewiston Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 2-10-1922 Emma E. Bruce
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-218-035-693

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perse

City of Lewiston

Registration District No. 96

File No. 98789

No. ..... St.

Primary Registration District No. 1009

Registered No. 851

Hospital No.

FULL NAME OF CHILD Phyllis Joy Kutting

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan 18th 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Allen Kutting	FULL MAIDEN NAME	Ethel Gregory Mills
RESIDENCE	Rockford Ills	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Rockford Ills	BIRTHPLACE	Big Rapids Mich
OCCUPATION	Watchmaking	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M.D.

(Physician [redacted])

Given names added from a supplemental report.

..... 19.....

Address Lewiston Ida

Filed 2-10 1922 Aaron E Bruce

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1922-221420

549-120-235-745

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston — Registration District No. 96 — File No. 98790

No. 1504 Main St. — Primary Registration District No. 1009 — Registered No. 852

Hospital White

FULL NAME OF CHILD Marion Allen Nuss

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Jan 20 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harvey Edward Nuss	Mable Gundegson
RESIDENCE	Lewiston Idaho	Lewiston Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	18
BIRTHPLACE	Oregon	South Dakota
OCCUPATION	Mechanic	Home Wife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive / Stillborn) at 4 A M. on the date above stated.

(Signature) W. F. McMechan M. D.

(Physician / Midwife)

Address Lewiston Idaho

Filed 2-10-1922 Emma E Bruce
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 1959

556-124-035-165

PLACE OF BIRTH

RECEIVED FEB 21 1927

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. 408 - 27th St.

Registration District No. 96 File No. 98791

Hospital

Primary Registration District No. 1009 Registered No. 85 3

FULL NAME OF CHILD Kenneth Edward Newman
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Jan 24 1927

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Harry Arthur Newman	FULL MAIDEN NAME	Bernice Jones
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8:30 a M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson
(Physician or midwife)

Address Clarkston, Wash.

Give names added from a supplemental report.

....., 19.....
Registrar.

Filed 2-10-1927 Anna E. Busse
Registrar.

Johnson

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1 1948

299-124-035-613

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. 2118-12 Ave St.

Hospital

Registration District No. 96 File No. 98792

Primary Registration District No. 1009 Registered No. 854

FULL NAME OF CHILD Arthur Newman Brinkley
(Certificate of no value without full name of child.)

Sex of Child	Twin ~~Triplet or other~~?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X		1	yes	Jan 24 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Robert C. Brinkley	FULL MAIDEN NAME	Ethel Watson
RESIDENCE	2118-12th Av Lewiston	RESIDENCE	same Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	England	BIRTHPLACE	Washington
OCCUPATION	Engineer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
(Physician or midwife)

Address Lewiston, Ida.

Filed 2-10 1922 Susan E Bruce
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

or alley

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-124-075-613

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperces

City of Lewiston

No. 2118 - 12th Ave St. Registration District No. 99 File No. 98793

Hospital Primary Registration District No. 1009 Registered No. 815

FULL NAME OF CHILD Archie James Brumbley
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin	2	yes	Jan 24 1927

What bacteriocidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Robt C. Brumbley	FULL MAIDEN NAME	Ethel Watson
RESIDENCE	2118-12th Ave Lewiston	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	England	BIRTHPLACE	Washington
OCCUPATION	Engineer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 3:15 P.M. (Born alive or stillborn) on the date above stated.

(Signature) John H Alley
(Physician or midwife)

Address Lewiston Idaho

Filed 2-10-1927 Susan E Bruce
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

alley

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

445-12-035-245

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Waha

No. _____ St.

Hospital _____

Registration District No. 951 File No. 98794

Primary Registration District No. 1009 Registered No. 25-6

FULL NAME OF CHILD Dale Garnald Munden

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male			yes	Jan	24	1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ralph Wm Munden	Gladys B Bundy
RESIDENCE	Waha	Waha
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	24
BIRTHPLACE	Pomeroy Wn	Moscow Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live Born (Born alive or stillborn) at 12.15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Mrs Grant Hamblen
(Physician or midwife)

Address Culdesac Ida

Filed Jan 25 19 22 Susan E Bruce
2-10-22
Registrar

S-Y-CO. 38071

75 225 (0) 75 234

PLACE OF [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 21 1922

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. St Joseph Hosp

Registration District No. 96 File No. 98795

Hospital

Primary Registration District No. 1009 Registered No. 857

FULL NAME OF CHILD Doris Jean Pearson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Jan 25 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ralph Waldo Pearson	FULL MAIDEN NAME	Cecile Stubblefield
RESIDENCE	Clarkston Wa	RESIDENCE	Clarkston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	California	BIRTHPLACE	Oregon
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W Johnson
(Physician or midwife)

Give names added from a supplemental report.

Address Clarkston Wa

Filed 2-10- Susan E Bruce
Registrar.

Johnson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1942

NOV 18 1944

842-126-035-439

PLACE OF BIRTH

RECEIVED
FEE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98796

County of Nezperces
City of Lewiston,
No. St Joseph St.
Hospital

Registration District No. 96
Primary Registration District No. 1009
File No.
Registered No. 858

FULL NAME OF CHILD Ralph Wm Hubbard
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Jan 26 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	H. L. Hubbard	FULL MAIDEN NAME	Doris L. McIntyre
RESIDENCE	Lapwai R.D.	RESIDENCE	Lapwai R.D.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Admitted, at 11:30 P. M. (Born alive or stillborn) on the date above stated.

(Signature) John W. Alley

(Physician ~~or midwife~~)

Address Lewiston, Idaho

Filed 2-10-1922 Susan E. Bruce
Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Dr Alley

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-126-035-331

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1324 Main St.

Hospital White

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—20m-8-5-17

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 98797

Primary Registration District No. 1009 Registered No. 559

FULL NAME OF CHILD Reece Storey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	Jan 26 1922

FATHER		MOTHER	
FULL NAME	James Oscar Storey	FULL MAIDEN NAME	Nettie May Clark
RESIDENCE	Gifford Ida	RESIDENCE	Gifford Ida
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Pomeroy, Wash	BIRTHPLACE	Dayton, Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. O. Clark
Physician
(Physician or midwife)

Address Lewiston Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 2-10-1922 Susan E. Bruce
Registrar

OCT 1 1942

299-226-075-367

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED

County of Nez Perce
City of Lewiston
No. 2002 7th Ave. St.
Hospital

Registration District No. 96
Primary Registration District No. 1009

File No. 98798
Registered No. 860

FULL NAME OF CHILD Florence G. Bird
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan 26 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wilbur G Bird	Linda Lee Cox
RESIDENCE	Lewiston Ida	Lewiston Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	18
BIRTHPLACE	Washington	Washington
OCCUPATION	Clerk	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~), at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O L Landon

(Physician or ~~midwife~~)

Address Lewiston Ida

Filed 2-10-1922 Susan E Bruce
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 27 1961

MAY 23 1974

855-228-035-419

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ~~Lewiston~~ Nez Perce

City of Lewiston

No. 411-12th St.

Registration District No. 96 File No. 98799

Hospital

Primary Registration District No. 1009 Registered No. 861

FULL NAME OF CHILD Eva Lois Henry
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Jan 28 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Andrew Henry	FULL MAIDEN NAME	Agnes Darby
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Moscow Idaho	BIRTHPLACE	Augusta Kan.
OCCUPATION	Idaho Ice Cold Co.	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was CP M., (Born alive ~~or stillborn~~) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins
(Physician ~~or midwife~~)

Address Lewiston Idaho

Filed 2-10-1922 Susan E. Bruce
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 12 1942

255-129035-433

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce
City of Lewiston
No. ..... St.
Hospital St Joseph

Registration District No. 96 File No. 98800
Primary Registration District No. 1009 Registered No. 862

FULL NAME OF CHILD PETE RALPH Kennedy
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Jan (Day) 29 (Year) 1922
Male		yes	

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ralph G. Kennedy	FULL MAIDEN NAME	Edna McConnell
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Electrician	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 12:40 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O C Carson
(Physician ~~or midwife~~)

Address Lewiston Ida

Filed 2-10-1922 Susan E Bruce
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF OHIO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Latah

Certificate No. 98800
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)

for G. Ralph Kennedy (Name on original certificate) who was born (Was born or died) on Jan. 29, 1922 (Date of event)

in Lewiston, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	G. Ralph Kennedy	Pete Ralph Kennedy

Subscribed ~~and sworn to~~ before me this 23 day of [illegible], 1941

[illegible]

Notary Public, residing at Moscow, Idaho

My commission expires 4/18/42

[SEAL]

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Edna Maude Kennedy
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed ~~and sworn to~~ before me this 23 day of [illegible], 1941

[illegible]

Notary Public, residing at Moscow, Idaho

My commission expires 4/18/42

[SEAL]

Signed Edna Maude Kennedy
(Signature of any credible person other than the previous affiant.)

615 Wrightwood Ave Moscow Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

[redacted] 36-130-035-962

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. [redacted] St. [redacted]

Registration District No. 96 File No. 98801

Hospital St. Joseph's Primary Registration District No. 1009 Registered No. 864

FULL NAME OF CHILD Walter Raymond Stonebraker
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Jan 30 1927

What bacteriocidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Geo E. Stonebraker	FULL MAIDEN NAME Emma C. Robinson
RESIDENCE Lewiston.	RESIDENCE Lewiston.
COLOR White AGE AT LAST BIRTHDAY 27 (Years)	COLOR White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Idaho.	BIRTHPLACE Washington
OCCUPATION Truck Driver	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 P.M., M. (Born alive or stillborn) on the date above stated.

(Signature) Paul W Johnson
(Physician or midwife)

Address Clarkston, Wn.

Filed 2-10 1927 Susan E Bruce
Registrar.

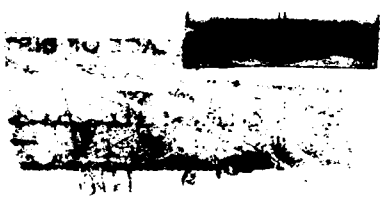
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made fo and the number of each, in order of birth stated.



265 - 127, 235 - 155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce
City of Lewiston
No. 212 - 11th Ave.
Hospital St

Registration District No. 96 File No. 98802
Primary Registration District No. 1009 Registered No. 663

FULL NAME OF CHILD Julius H. Sorgaard
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan. 27 1922

What bactericidal solution was used in eyes? 1% Ag. NO3

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	H. J. Sorgaard	FULL MAIDEN NAME	Mabel Jensen
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Denmark	BIRTHPLACE	Omaha Nebr.
OCCUPATION	Bank Clerk	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins
(Physician or midwife)

Address Lewiston Idaho

Filed 2-10-1922 Susan E. Bruce
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 9 1973

253-226-035-234

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Summit

Registration District No. 92

File No. 98807

No. ..... St.

Primary Registration District No. 2170

Registered No. 41

Hospital .....

FULL NAME OF CHILD Eva Lavina Beloit

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	/		/	yes	2 26 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jesse J. Beloit	Myra Stup
RESIDENCE	Summit	Summit
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	21
BIRTHPLACE	Mont	Mont
OCCUPATION	war housman	wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 P M. on the date above stated.

(Signature) E. E. Watts

(Physician or midwife)

Address .....

Filed 2-26 1922 E. E. Watts
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-214-03 RECEIVED FEB 21 1922 BUREAU OF VITAL STATISTICS

OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

988,08

County of Owyhee

City of Grand View

No. ..... St.

Hospital .....

Registration District No. 74 File No. .....

Primary Registration District No. 2151 Registered No. 28

FULL NAME OF CHILD Hazel Heloise Gress
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Jan. 14 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Howard A. Gress	FULL MAIDEN NAME	Flora R. Nelson
RESIDENCE	Grand View	RESIDENCE	Grand View
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Eckenbeck
Physician
(Physician or midwife)

Address Grand View

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed Feb. 10 1922 W. J. Eckenbeck
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 23 1967
MAR 1 1973

295-208-037-613

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Homedale

Registration District No. 130 File No. 98809

No. ..... St.

Primary Registration District No. Homedale Registered No. .....

Hospital .....

FULL NAME OF CHILD Norma Ringhorn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
FM		yes	Jan (Month) 8 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Alick Ringhorn	FULL MAIDEN NAME	Myrtle Walker
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Lewisville, Idaho	BIRTHPLACE	Riverton Utah
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4:20 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper

(Physician or midwife)

Given names added from a supplemental report.

Feb 1922

Address Homedale Idaho

S Hopper
Registrar

Filed Feb 1 1922 S Hopper
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-224-037-454

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98810

County of Owyhee

~~City of~~ Homedale

No. R. # 1 St.

Registration District No. 130 File No.

Hospital

Primary Registration District No. Homedale Registered No.

FULL NAME OF CHILD Margaret Anna McLeod
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	1/24 2

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	M. D. McLeod	FULL MAIDEN NAME	Sybil DeMoss
RESIDENCE	Homedale, Idaho, R. # 1	RESIDENCE	Homedale, Idaho, R. # 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Scotland	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cole

M. D.
(Physician or midwife)

Address Caldwell, Idaho

Filed Feb 1 1922 S Hopper
Registrar.

Give names added from a supplemental report.

~~Mar~~ Feb 1, 1922

Simeon Hopper
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 11 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAR 7 - 1922

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Hamdale Idaho

Street: R. F. D. No. 1.

County: Oneida

File Number: 98810

Registration Dist. No.: Dist. No. 17.

Sex of Child: Female

Date of Birth: Jan. 24 192 2.

Father: Murdo Donald McLeod (Full Name)

Mother: Addie Sybil DeMoss (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Margaret Anna McLeod
Child's Name in Full

Mrs. Sybil McLeod
Signature of Father or Mother

AUG 24 1953

AUG 17 1953
APR 25 1973

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

113-119-

637-693

Form V. S. No. 11-C--25m-7-21-19

PL[redacted]

County of [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98811

City of [redacted] Registration District No. 130 File No.

No. ..... St.

Hospital Home Primary Registration District No. Homedale Registered No.

FULL NAME OF CHILD Harriet Adalbert Jackson

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Jan 19 1922

FATHER		MOTHER	
FULL NAME	J. R. Jackson	FULL MAIDEN NAME	Ora Wilson
RESIDENCE	Homedale Ida	RESIDENCE	Homedale Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Angles Camp Cal.	BIRTHPLACE	Rosalia Wash.
OCCUPATION	Farmer.	OCCUPATION	Home wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Brock M.D.

(Physician or midwife)

Given names added from a supplemental report.

Feb 1 1927 Address Wilder Ida

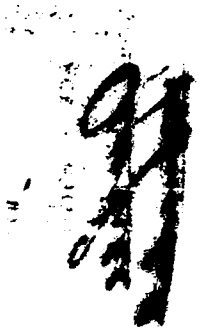
Simeon Hostetler Registrar Filed Feb 1 1927 S Hostetler Registrar

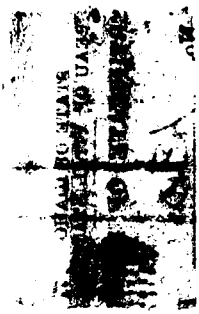
MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/4/41 L. B.





PLA[redacted]

815-224[redacted]19

RECEIVED
MAR 4 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Fayette

City of New Plymouth

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 98812

Primary Registration District No. 2009 Registered No. 4

FULL NAME OF CHILD Mary Bly Hansen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Feb 24 1922

What bactericidal solution was used in eyes? Argyrol -

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Nelson Hansen	FULL MAIDEN NAME	Nellie Farrell
RESIDENCE	New Plymouth Ida	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Ida -
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T Drysdale M D
(Physician or midwife)

Address New Plymouth Ida

Filed ..... 192.. Wm T Drysdale
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

258-109-038-113

PLACE OF BIRTH

[illegible] Payette

[illegible] Plymouth

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

BUREAU OF VITAL STATISTICS

Registrar's District No. [illegible] File No. [illegible]8813

No. Idaho St.

Primary Registration District No. 2009 Registered No. 5

Hospital

FULL NAME OF CHILD David Snyder

Sex of Child	Twin, Triplet, or other? (To be answered only in [illegible] births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Feb. 9, 1922

FATHER		MOTHER	
FULL NAME	Roland S. Snyder	FULL MAIDEN NAME	Margaret Jacks
RESIDENCE	New Plymouth, Ida	RESIDENCE	New Plymouth, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	3[illegible]	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Pine Grove, Penn.	BIRTHPLACE	Medford, Oregon
OCCUPATION	Rancher	OCCUPATION	

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this [illegible] who was Born alive (Born alive ~~or stillborn~~) at 8-45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc. [illegible] make this return. A stillborn child is [illegible] neither breathes nor shows other evidence [illegible] after birth.

(Signature) Harriet Sears

Physician (Physician or Midwife)

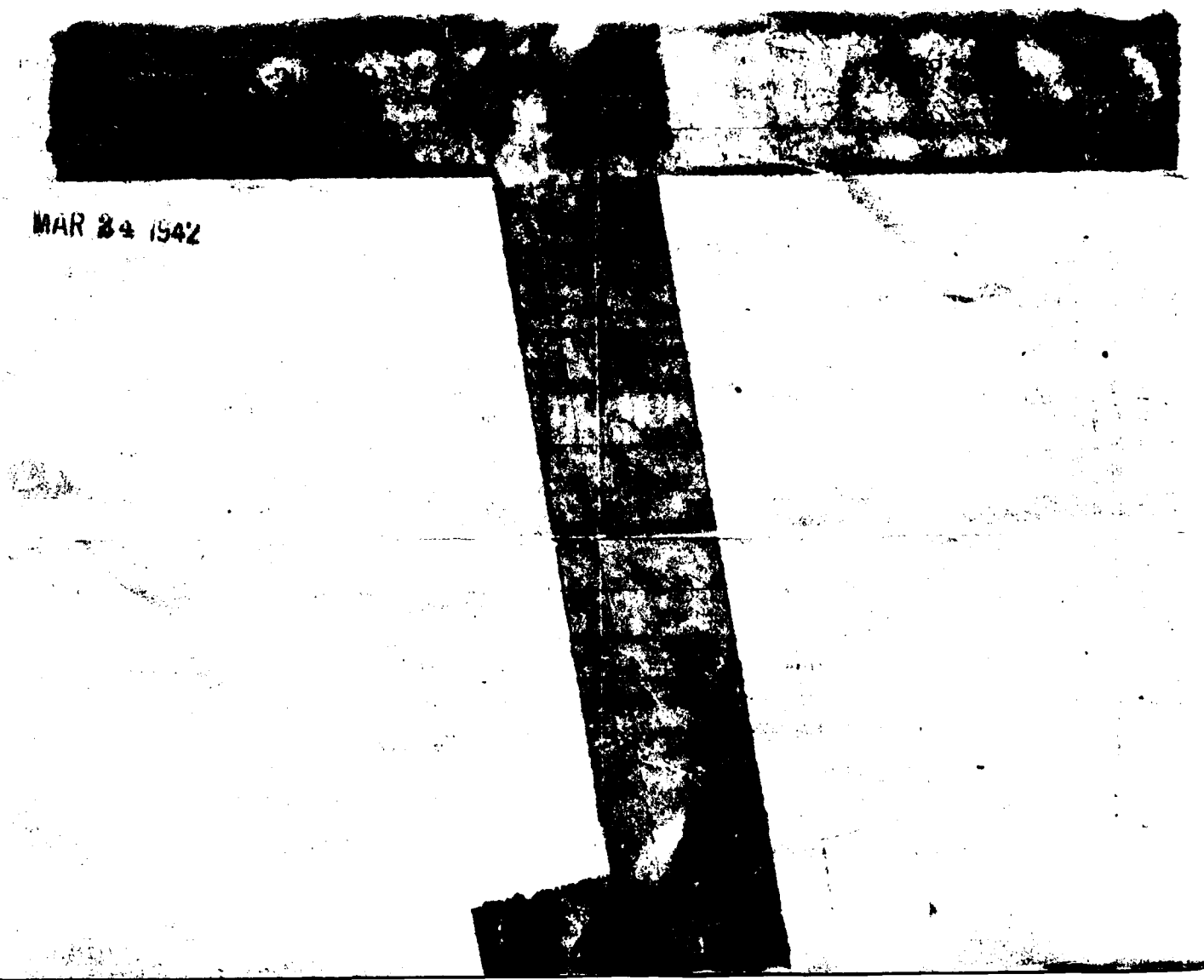
Given names added from a supplemental [illegible]

Ontario, Oregon.

[illegible] 1922 Wm T. Drysdale

Registrar

S-Y CO., 16670


MAR 24 1942

CERTIFICATE OF BIRTH

City of Fruitland — Registration District No. _____ — File No. 98814

No. _____ St. — Primary Registration District No. _____ — Registered No. _____

Hospital _____

Full Name of Child Wanda Elvera Johnson

SEX OF CHILD: Female | Twin / Triplet / or other? — and — Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | DATE OF BIRTH: Jan. 20 (Month) (Day) 22 (Year)

FATHER

FULL NAME: N. Dewey Johnson

RESIDENCE: Fruitland Idaho

COLOR: white — AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Utah

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Fay R Werts

RESIDENCE: Fruitland Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J Reese MD (Physician or midwife)

Address Ontario Ore

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feb 21 1922 C. C. Paxton Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the of each, in order of birth stated.

JAN 29 1958

396-227-038-389

Form ~~V. S. No.~~ 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Fruitland

Registration District No. ..... File No. 98815

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Dana Janette ~~Crownholm~~ CRONHOLM

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Feb (Month) 27 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Thure ~~Crownholm~~ CRONHOLM	FULL MAIDEN NAME Ester Christensen
RESIDENCE near Fruitland	RESIDENCE same
COLOR w AGE AT LAST BIRTHDAY 40 (Years)	COLOR w AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Sweeden	BIRTHPLACE Utah
OCCUPATION farmer	OCCUPATION housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Paxton

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Fruitland Ida

Filed Feb 27, 1922, C. C. Paxton Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Santa Barbara }

Certificate No. (11 98815

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Dana Jeanette Cronholm (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Feb. 27, 1922 (DATE OF EVENT)
in New Plymouth (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Father (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Nov. 25, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Jeanet	Dana Jeanette
Surname	Crownholm	Cronholm

Subscribed and sworn to before me this 25th
day of November, 19 42

Notary Public, residing at Orcutt, Calif.
My commission expires Jan 24- 1944
(SEAL)

Signed Thure Cronholm, Father
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Orcutt Calif
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

DEC 1 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. DEC 16 1942 Certificate No. 98815

County of Monterey } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or ~~Death~~)

for Dana Jeanette Crownholm (Name on Original Certificate) who (Was Born or ~~Died~~) on (Date of Event)

in New Plymouth (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
surname	Crownholm	Cronholm

Subscribed and sworn to before me this 9th day of December, 1942

C G Dake

Notary Public, residing at Salinas Calif.

My commission expires Jan 1st 1945.

(Seal)

Signed Vivian Bragg - Older Sister of Dana Jeanette Cronholm formerly Vivian Cronholm

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

793 Elkington Ave. East Salinas Calif.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Monterey }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of December, 1942

C G Dake

Notary Public, residing at Salinas, Calif.

My commission expires Jan 1st 1945.

(Seal)

Signed Lester P Bragg

(Signature of Any Credible Person Other Than Previous Year)

793 Elkington Ave., East Salinas Calif.

(Street Address, City, State)

995 - 218 1038 - 238

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 98816

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Edna Erna Gingelmann

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Feb 18 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. C. Gingelmann	Kate Schank
RESIDENCE	near Fruitland	same
COLOR	w	w
AGE AT LAST BIRTHDAY	42 (Years)	37 (Years)
BIRTHPLACE	Germany	Russia
OCCUPATION	Butcher	housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 30/60 M. on the date above stated.
(Born alive or stillborn)

(Signature) G. E. Paxton
(Physician or midwife)

Address Fruitland Ada

Filed Feb 18 - 1922 G. E. Paxton
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

RECEIVED
MAR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City ..... Street ..... County Payette

File Number 98816

Registration Dist. No. .....

Sex of Child Female

Date of Birth Feb 19 1922

Father Albert C. Zingelman (Full Name)

Mother Kate Schrenk (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Edna Erna Zingelmann
Child's Name in Full

Albert Zingelmann
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

893-214-

C39-238

Form V. S. No. 11-25m-4-1-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Power

City of Crystal

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. 2072 Registered No. 374

Hospital _____

FULL NAME OF CHILD Nella Florence Hickey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day)
female		yes	1 14

FATHER		MOTHER	
FULL NAME	Joseph Richard Hickey	FULL MAIDEN NAME	Lelah Maud Schuyler
RESIDENCE	Crystal	RESIDENCE	Crystal
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	3[illegible]
BIRTHPLACE	Baldensville N Y	BIRTHPLACE	Breedsville Mich
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 7 (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice G. Martin

Crystal Idaho (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address _____

Filed 1 — 7 1922 Richard L. Nott Registrar

_____ Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113-12-1038-459

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98819

County of Power
City of American Falls
No. ..... St.
Hospital Bethany

Registration District No. 25
Primary Registration District No. 2072
File No. 8
Registered No. 372

FULL NAME OF CHILD Steven Boyd Jackson
(Certificate of no value without full name of child.)

Sex of Child Male
Twin, Triplet or other? — and Number in order of birth —
(To be answered only in event of plural births)
Legitimate? Yes
Date of birth (Month) Jan (Day) 12 1922 (Year)

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 2
Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	William Marion Jackson	FULL MAIDEN NAME	Zelda Unruh
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.
Physician
(Physician or midwife)
Address Aberdeen Ida

Give names added from a supplemental report.

....., 19.....
.....
Registrar.

Filed 2-7 1922 Richard F. Noth
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 17 1951

JUN 5 1942

235-219-042-691

Form V. S. No. 11-C—25m-9-8-17

RECEIVED FEB 21 1922 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 39 File No. 98821

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Mary Mildred Stewart

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Jan. (Month) 19 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	John L. Stewart	FULL MAIDEN NAME	Aurella Frandsen
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	54	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Missouri	BIRTHPLACE	Utah
OCCUPATION	Farming & Teaming	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Marsh

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed 1-20 1922 J. H. Murphy Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 17 19[illegible]

819-220-042-295

PLACE OF BIRTH

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98822

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39

Primary Registration District No. 2087

File No. .....

Registered No. .....

FULL NAME OF CHILD Maxine Rose Harvey.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
4.		yes	1-20 1922

What bactericidal solution was used in eyes? 10% Argyrol.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	W. B. Harvey.	FULL MAIDEN NAME	Lucille Bierman
RESIDENCE	Buhl.	RESIDENCE	Same.
COLOR	W. AGE AT LAST BIRTHDAY 55 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Neb.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12.40 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D.
(Physician or midwife)

Address Buhl Ida.

Filed 1-23 1922 J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... MAR 10 1922 ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .... Burke

Street ... Broadway

County .. Twin Falls

File Number 98822

Registration Dist. No. 3

Sex of Child ..... Female

Date of Birth ..... Jan 20 ..... 192 2

Father .. W. B. Harvey ..... (Full Name)

Mother ..... Lucille Burman ..... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Marjorie Rose Harvey (Child's Name in Full)

Mrs. W. B. Harvey (Signature of Father or Mother)

OCT 8 1941

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

219-12-042 919

PLACE OF BIRTH

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98823

County of Twin Falls
City of Buhl
No. ____ St.
Hospital ____

Registration District No. 39
Primary Registration District No. 2087
File No. ____
Registered No. ____

FULL NAME OF CHILD DELMAR ALFRED BARIGAR
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes.	1-21 1922

What bactericidal solution was used in eyes? 10% Argyrol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	D. L. Barigar.	Lidy Rainey.
RESIDENCE	Buhl.	Dairen.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	19	21
BIRTHPLACE	Neb.	Mo.
OCCUPATION	Farmer.	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D.
(Physician or midwife)
Address Buhl Ida

Filed 1-23 1922 J. H. Murphy
Registrar.

Give names added from a supplemental report.

..... 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 98823
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Barigar (Name on original certificate) who Born (Was born or died) on Jan 21, 1922 (Date of event)
in Buhl Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Barigar	Delmar Alfred Barigar

Subscribed and sworn to before me this 25
day of November, 1941
John M Barker
Notary Public, residing at Buhl Idaho
My commission expires 10/8/42
[SEAL]

Signed Del L. Barigar
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Buhl Idaho Twin Falls Apt
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

331-223-042-231

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED FEB 21 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39 File No. 98824

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Shirley Rebecca Clark
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	1 23 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Geo. W. Clark	FULL MAIDEN NAME	Dora Stanley
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 240 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky
Phys.
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address .....

Filed JAN 31 1922 192.. J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 16 1949

193-225-042-193

PLACE OF BIRTH

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls
City of Buhl Ida.
No. ..... St.
Hospital .....

Registration District No. 39 File No. 98825
Primary Registration District No. 7087 Registered No. .....

FULL NAME OF CHILD Unable to obtain
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem			No.	Jan. 25 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Unable to obtain information	FULL MAIDEN NAME	Mary Jilek
RESIDENCE		RESIDENCE	Buhl. Ida
COLOR		COLOR	Wht
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE		BIRTHPLACE	So. Dakota
OCCUPATION		OCCUPATION	None.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Geo. Jennings M.D.
(Physician or midwife)

Address Buhl Idaho.

Filed JAN 31 1922 J. W. Murphy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

622-22-1-042-345

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98826

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39 File No. .....

Hospital .....

Primary Registration District No. 2081 Registered No. .....

FULL NAME OF CHILD Dorothy Marie Osborne
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem			Yes	1-31-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Floyd E. Osborne	FULL MAIDEN NAME	Hattie Lunte
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Keeps H

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, **at** 2:30 a. **M.** **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Jennings M.D.
(Physician or midwife)

Address Buhl, Ida.

Filed JAN 31 1922 J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Buhl

Street: .....

County: Twin Falls

File Number: 98826

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Jan 31 1922

Father: Floyd E. Osborne (Full Name)

Mother: Hattie Lunte (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Dorothy Marie Osborne
Child's Name in Full

Floyd E. Osborne
Signature of Father or Mother

JAN

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

953-104-042-464

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39 File No. 98827

Hospital Buhl General Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD John Metz
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes	1 - 4 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	E. L. Metz Metz	FULL MAIDEN NAME	Louise Dodds
RESIDENCE	Buhl	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 44 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10.30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D.
(Physician or midwife)

Address Buhl Ida

Filed 1-5 1921 J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ONS WHY A C[illegible] T[illegible]

AND THE S[illegible]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County .....

File Number 98827

Registration Dist. No. 39

Sex of Child male

Date of Birth January 4, 1922 192....

Father E. L. Oletz
Full Name

Mother Loula Dodds
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

ease give name of your
ld. We are not certain
your name is properly spelled
the certificate is poorly written
we are only making a guess at your name.

.....
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, par and legitimacy.

It enables the Public Health Nurse to make sure the chi been protected from danger of blindness and other infections at

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are pelled to furnish certified copies of certificates of birth, it portant that the certificates be filed with the BUREAU OF VITAL S TICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

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415-206-042-345

PLACE OF BIRTH

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls
City of Buhl
No. ____ St.
Hospital

Registration District No. 39
Primary Registration District No. 2087
File No. 98828
Registered No. ____

FULL NAME OF CHILD Irene Bernice Davidson
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	1 6 1922

What bacteriacidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Vernon J Davidson	FULL MAIDEN NAME Bernice Cunningham
RESIDENCE Buhl	RESIDENCE Buhl
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Iowa
OCCUPATION Railway Clerk	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) **at** 9:30 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky
(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed JAN 31 1922 J. T. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 9 1944

165-107-042-855

PLACE OF BIRTH

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39

File No. 98829

Hospital .....

Primary Registration District No. 2017

Registered No. .....

FULL NAME OF CHILD .....

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes.	1-7 1922

What bactericidal solution was used in eyes? 10% Argyrol.

Number of child of this mother, including present birth 13. Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	J. T. Jones.	FULL MAIDEN NAME	Mary Henderson.
RESIDENCE	Buhl.	RESIDENCE	Same.
COLOR	W.	COLOR	Co.
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Wales.	BIRTHPLACE	Scotland.
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Mungley M.D.
(Physician or midwife)

Address Buhl Ida

Filed 1-23 1922 J. H. Mungley
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...RAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
... H CHILD AND THE S... ...ITH THE NAME OF

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County .....

File Number .....98829.....

Registration Dist. No. .....

Date of Birth .....192....

Sex of Child.....Male.....

Father ..... Mother .....

Full Name — Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....

Child's Name in Full

.....

Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

719-108-042-295

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—2Sm-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39

Primary Registration District No. 2087

File No. 98830

Registered No. .....

FULL NAME OF CHILD Loren Henry Partin

Sex of Child	~~Twin Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan (Month) 8 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Hiram Partin	FULL MAIDEN NAME	Amanda King
RESIDENCE	Buhl Idaho	RESIDENCE	Buhl Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Kentucky
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Marsh M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida.

Filed 1-9 1922 J. H. Murphy Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

189-212-042-343

PLACE OF BIRTH

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 34 File No. 98831

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Lois Marjorie Ahrens,
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	1 12 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	John D. Ahrens	FULL MAIDEN NAME	Ida Amelia Lutz
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9.45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Threlkeshy
Phys
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed JAN 31 1922 J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-217-0042-969

PLACE OF BIRTH

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ____ St. ____

Registration District No. 39 File No. 98832

Hospital ____ Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD Charlotte Elizabeth Burkhart
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			yes.	1-17 192x

What bacterioidal solution was used in eyes? 10% argyrol.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	A. Burkhart.	FULL MAIDEN NAME	Helen Zorn
RESIDENCE	Buhl.	RESIDENCE	Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Germany.	BIRTHPLACE	Iowa.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) J. H. Murphy M.D.
(Physician or midwife)

Address Buhl Ida

Filed 1-23 192x J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 0 1985

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rubl

Street:

County: Twin Falls

File Number: 98832

Registration Dist. No.:

Date of Birth: Jan. 17 1922

Sex of Child: Female

Father: August F. Burkhart (Full Name)

Mother: Helene Justine Jorn (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Charlotte Elizabeth Burkhart (Child's Name in Full)

Mrs. Inga Burkhart (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

435-119-042-819

PLACE OF BIRTH

RECEIVED
FEB 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39 File No. 98833

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Donald Edwin McNelly
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	1 19 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Chas. E. McNelly	FULL MAIDEN NAME	Clva Pearl Hart
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. E. McClusky
Phys.
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address .....

Filed JAN 31 1922 192 J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC WELFARE

VITAL STATISTICS

Boise, Idaho, Mar 7 1922 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Buhl, Idaho

Street:

County: Twin Falls

File Number: 98833

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Feb 15 1922

Father: Charles E. McNelly (Full Name)

Mother: Iva Pearl McNelly (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Donald Edwin
Child's Name in Full

Iva McNelly
Signature of Father or Mother

CVLP

AUG 4 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

653-126-042-712

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. 757 Main ave. Registration District No. 31 File No. 98834

Hospital _____ Primary Registration District No. 1085 Registered No. _____

FULL NAME OF CHILD Melvin Wells
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Jan 26 1922

What bacterieidal solution was used in eyes? Argyrol 1:70

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Harvey B. Wells	FULL MAIDEN NAME	Marie Helen Gantelle
RESIDENCE	Twin Falls. Idaho	RESIDENCE	Twin Falls. Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Texas -		27
OCCUPATION	Mechanic	BIRTHPLACE	Germany.
		OCCUPATION	Trained nurse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. W. Wilson

Physician
(Physician or midwife)

Address Twin Falls Idaho.

Filed Feb 7 1922 John A. Kingsbury
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

C. C. 3-3-41. E.W.

655-213-042-855

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of .....

No. 1 mile S. E. of City St.

Hospital .....

RECEIVED FEB 2 1922

Form V. S. No. 11-C—20m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 37 File No. 98836

Primary Registration District No. 2685 Registered No. .....

FULL NAME OF CHILD Stella Henderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	1 13 1922

FATHER		MOTHER	
FULL NAME	Wesley Gilbert Henderson	FULL MAIDEN NAME	Katie Lowella Henderson
RESIDENCE	Twin Falls County	RESIDENCE	Twin Falls County
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Parsonsville, Me.	BIRTHPLACE	Parsonsville, Me.
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:00 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Sawyer

Osteopathic Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls

Registrar

Filed Feb 9 1922 John F. Coughlin Registrar

38-219-042-993

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

County of Twin Falls

City of R. F. D.

No. ..... St.

Hospital .....

RECEIVED FEB 9 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 37 File No. 98837

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD ~~Baby Chastain~~ Ruth Lee Chastain

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Jan (Month) 19 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Carl Chastain	FULL MAIDEN NAME	Helen Richmond
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Russellville Ky.	BIRTHPLACE	Manchester Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma C. Crossland
Osteopathic Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Twin Falls, Ida.

Filed Feb 9 1922 John F. Clough Jr. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
MAR 13 1922

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Filer

Street:

County: Twin Falls

File Number: 98837

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Jan 19" 192[illegible].

Father: Carl Chastain (Full Name)

Mother: Helen Elizabeth [illegible] (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ruth Lee Chastain
Child's Name in Full

Mrs. Carl Chastain
Signature of Father or Mother

JUN 1 8 1943

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
LED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

Edmund.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

319-21-042-345

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED FEB 1 1922

County of Twin Falls

City of R.F.D.

No. ..... Street ..... Registration District No. 37 File No. 98838

Hospital ..... Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Evelyn Elizabeth Carey
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Jan. 11 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Lial A. Carey	FULL MAIDEN NAME	Joan E. Green
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 a.m. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson
Physician
(Physician or midwife)

Address Twin Falls, Idaho

Give names added from a supplemental report.

....., 19.....

Filed Feb 9 1922 John F. Coughlin
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 19 1967

864-125-042-285

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. R. F. D. St.

Hospital

RECEIVED FEB

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 98839

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Youngberg, Karl Virgel,
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		Yes	Jan 25 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Ernest L Youngberg	FULL MAIDEN NAME	Sletta May Kynaston
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Sweden	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hro Chouchek

Physician
(Physician or midwife)

Address Twin Falls, Idaho

Filed Feb 9 1922 John T. Coughlin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

VED
4 1922
OF VITAL
ATISTICS

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls

Street: Hayburn Ave.

County: Twin Falls

File Number: 98839

Registration Dist. No.: 1

Sex of Child: Male

Date of Birth: Jan 25 1922

Father: Ernest L. Youngberg (Full Name)

Mother: Stella Mae Kynaston (Full Maiden Name)

HEREBY CERTIFY that the child described herein has been named:

Karl Wenger Youngberg (Child's Name in Full)

Ernest L. Youngberg (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

815-701-0042-864

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. R. F. D. # 2 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 98840

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD LEWIS HENRY HANSEN
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	X — 1 — 1922

What bacteriocidal solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

	FATHER	MOTHER
FULL NAME	George Hansen	FULL MAIDEN NAME Betty Young
RESIDENCE	Kimberly, RFD #2	RESIDENCE Kimberly
COLOR	W.	COLOR W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	U. S.	BIRTHPLACE Penn.
OCCUPATION	Farmer	OCCUPATION Home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.30 P M. on the date above stated.

(Signature) John S. Coughlin
M. D.
(Physician or midwife)

Address Twin Falls, Ida.

Filed Feb 9 1922 John S. Coughlin
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Marion } ss.

Certificate No. 98840
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)
for Lewis Henry Hansen (Name on original certificate) who ..... (Was born or died) on ..... (Date of event)
in Twin Falls Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on Feb 1 - 29 -1922 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Hansen	Lewis Henry Hansen

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Marion } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15
day of October, 1941

Notary Public, residing at NOTARY PUBLIC FOR OREGON
My commission expires 1944
[SEAL]

Signed Mrs. Betty J. Hansen
Mrs. Lee Hansen (mother)
(Signature of any credible person other than the previous affiant.)

.....
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

156-118-042-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. R. F. D. St.

Registration District No. 37 File No. 98841

Hospital —— Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Elmer Lee Jeffryes
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	1 — 18 — 1922

What bacteriocidal solution was used in eyes? ag no3 2%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	Harry C Jeffryes	FULL MAIDEN NAME Lucille L Burns
RESIDENCE	Twin Falls Co	Twin Falls Co
COLOR	White	W
AGE AT LAST BIRTHDAY (Years)	29	25
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Farmer	Housf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) John F. Coughlin
Phy.
(Physician or midwife)
Address Twin Falls,

Filed Jan 18 1922 John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OR EACH CHILD A

JUL 6 1942

622-206-042-432

Form V. S. No. 11-O—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No. 98842

No. ..... St.

~~Primary~~ Registration District No. 2165

Registered No. .....

Hospital .....

FULL NAME OF CHILD Edna Osborn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	1 6 1922

FATHER		MOTHER	
FULL NAME	Curtis Boggs Osborn	FULL MAIDEN NAME	Jamesina Simpson McKenzie
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Ill.	BIRTHPLACE	Scotland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C D Weaver

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls

Filed Feb 1 1922 John W. Kleinschmidt Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City .....

Street .....

County .....

File Number 98842

Registration Dist. No. .....

Sex of Child Female

Date of Birth .....192....

Father .....
Full Name

Mother .....
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

Returned

.....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
MAY 31 1957
Division of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 98842 52-1

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Osborn (Name on Original Certificate) who was born (Was Born or Died) on 1-6-22 (Date of Event) in Twin Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Drivers License (Bible Record, Insurance Policy, Etc.) prepared on 12-16-1939 - viewed by v.s. (Give Date) are: School Record 1936-1937 shows only first name - Work Permit - 1939 shows only first name - ~~xxxx~~viewed byvs

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Edna Florida Osborn

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed Curtis Osborn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

Mt Vernon, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of May, 1957

Edith Cates

Notary Public, residing at Mt. Vernon, Ida
My commission expires Nov. 18, 1958
(Seal)

Signed .....
(Signature of Any Credible Person)

Mt. Vernon Ida
(Street Address, City, State)

FORM DPH 55-155

NN 5-8-57 nm

OCT 28 1957

386-114-092-296

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 358 Blue Lakes Blvd.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-8-8-17

Registration District No. 71 ..... File No. 98843

Primary Registration District No. 1085 ..... Registered No. .....

FULL NAME OF CHILD ..... Robert Leigh Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	1 (Month) 14 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Joseph H. Thompson	FULL MAIDEN NAME	Muriel Gertrude Brown
RESIDENCE	Hazelton, Idaho	RESIDENCE	Hazelton, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Forest Grove, Orge	BIRTHPLACE	Fargo, N.D.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 ..... Number of children of this mother now living, including present birth 2 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:20 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Sawyer

Osteopathic Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls

Registrar

Filed Feb 9 1922 John F. Loughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, 7-1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls

Street: 358 Blue Lakes Blvd

County: Twin Falls

File Number: 98843

Registration Dist. No.:

Sex of Child: Male

Date of Birth: January 14 1922

Father: Joseph H. Thompson (Full Name)

Mother: Muriel Gertrude B (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Robert L. Thompson (Child's Name in Full)

(Mrs.) Muriel G. Thompso (Signature of Father or Mother)

OVER

MAY 8 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD LED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

449-131-042-415

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No. 9884

No. ..... St.

Primary Registration District No. 1085

Registered No. .....

Hospital .....

FULL NAME OF CHILD Robert Murrish

Form V. S. No. 11-C—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Jan. 31 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl Murrish	Muriel Davis
RESIDENCE	Twin Falls Ida.	Twin Falls Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY	25 (Years)	18 (Years)
BIRTHPLACE	Utah	St. Louis Mo.
OCCUPATION	Day Labor	House keeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 40 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike
Physician
(Physician or midwife)

Address Twin Falls Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb 9 1922 John A. Coughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

F-27-57

MAY 6 1957

Amended 3-10-61

PLACE OF BIRTH

413-103-042-814

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital LaMerced

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 98845

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Harold Edwin Daly

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Feb. 3, 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Harold Daly	FULL MAIDEN NAME: Mabelle Hamm
RESIDENCE: 638 8th East	RESIDENCE: 638 8th East
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Denver, Colo.	BIRTHPLACE: Holton, Kansas
OCCUPATION: Clothing Salesman	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) John F. Coughlin

Physician
(Physician or midwife)

Address Twin Falls, Idaho

Filed Feb. 9, 1922 John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Lemhi

Certificate No. 98845

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Harold Edwin Daly (Name on Original Certificate) who was born (Was Born or Died) on Feb. 3, 1922 (Date of Event) in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Maiden Name of Mother	Maybelle Hampton	Mabelle Hamm

Subscribed and sworn to before me this 16 day of February, 1961

Notary Public, residing at Salmon Idaho

My commission expires May 12 - 1963

(Seal)

Signed Mabelle Hamm Hampton Daly

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lemhi

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of February, 1961

Notary Public, residing at Salmon Idaho

My commission expires May 12 - 1963

(Seal)

Signed Harold I. Daly

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 2-10-61. one copy pd. receipt #12217.

Certified copy of Delayed Birth Certificate, State of Kansas, #96241, dated Sept. 17, 1956, gives full name as Mabelle Marie Hamm, born Oct. 19, 1897 at Circleville, Kansas to Robert Ira Hamm and Anna Eliza Linville - viewed by V.S.

Letter written to Mrs. Mabelle Daly concerning the Delayed Birth Certificate for Mabelle Hamm (Daly) #25384, from the Kansas State Board of Health, Topeka, Kansas, letter is dated July 16, 1956 - viewed by V.S. Delayed Birth Cert. #96241.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

493-229-042-449

STATE OF IDAHO

FEB 1 1922

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 502 Eight Ave E St.

Hospital ✓

Registration District No. 37

File No. 98846

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD Maxine Anita Miller

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	Yes	Jan. (Month) 29 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Richard Wm Miller	FULL MAIDEN NAME	Anna Belle Murphey
RESIDENCE	502 Eight Ave E	RESIDENCE	502 Eight Ave E
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	24—	AGE AT LAST BIRTHDAY (Years)	20—
BIRTHPLACE	Eagle Grove Iowa	BIRTHPLACE	Kersey, Colo.
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at Nine p.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L Hexander

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Ida

Filed Feb 9 1922 John F. Coughlin

Registrar

Registrar

S-Y CO. 24655

(Ag NO3 1% in Eyes)

4-

Report of

Report of Birth

File No.

Primary Registration District No.

Registration No.

FULL NAME OF CHILD

Sex of Child

Date of Birth

Place of Birth

FULL NAME

FATHER

FULL MAIDEN NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

Number of Sheets of Certificate of Attendance

CERTIFICATE OF ATTENDANCE

Signature

Address

Date

Signature

Address

Date

Signature

Date

365-130-042-649

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 419 Locust St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 98847

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Connor, Eugene William,
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Jan 30 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER		MOTHER
FULL NAME	Emmett E. Connor	FULL MAIDEN NAME	Edith G. Furrow.
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Idaho
COLOR	white. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	white. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Kans.
OCCUPATION	Dry cleaner.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 39 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Clowchek
Physician
(Physician or midwife)

Address Twin Falls, Idaho.

Filed Feb 9 1922 John F. Coughlin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 13 1922

BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAR 14 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls

Street: 419 Locust St.

County: Twin Falls

File Number: 98647

Registration Dist. No. .....

Date of Birth: January 30 192. 2

Sex of Child: Male

Father: Emmett Eugene Connor (Full Name)

Mother: Edythe Gertrude Furrow (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Eugene William Connor (Child's Name in Full)

Mrs. Emmett E. Connor (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

219-127.042-928

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 4th Ave W. St. Registration District No. 37 File No. 98848

Hospital Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Tonney Masayuki Karimoto
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	1 - 27 1922

What bactericidal solution was used in eyes? AgNO3 1%

Number of child of this mother, including present birth four Number of child of this mother now living, including present birth four

FATHER		MOTHER	
FULL NAME	Harry Karimoto	FULL MAIDEN NAME	Hisaye Isheda
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Warehouse Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 12.30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Coughlin
(Physician or midwife)

Address Twin Falls, Ida

Filed Feb 9 1922 John F Coughlin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 26 1972

2 2 1955

SEP 13 1957

753-225 1042-445

PLACE OF BIRTH

AMENDED SEPTEMBER 18, 1953

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ____ St. Registration District No. 37 File No. 98849

Hospital Co. Hospital Primary Registration District No. 1085 Registered No. ____

FULL NAME OF CHILD Helen LaRue Pettygrove
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan. 25, 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Edward Neal Pettygrove	FULL MAIDEN NAME: Florence Anna Duval
RESIDENCE: Hanson, Idaho	RESIDENCE: Hanson, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Oxford, Nebraska	BIRTHPLACE: Wheeler, So. Dakota
OCCUPATION: Farmer	OCCUPATION:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:12 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) J. N. Davis

Physician
(Physician or midwife)

Address Kimberly, Idaho

Filed Feb. 9, 1922 John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Dup of 1922-98858

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No. 98849 & 98858

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of..... (Birth or Death)
for..... (Name on Original Certificate) who..... (Was Born or Died) on..... (Date of Event)
in..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by birth certificates of 5 other children born to same (Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date) are:
parents and on file here B. V. S.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Maiden Name of Mother	Florence Edna Duval	Florence Anna Duval

Subscribed and sworn to before me this 18th day of
Sept. 1937

Notary Public, residing at.....
My commission expires.....
(Seal)

Signed E. N. Gettysburg
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

Notary Public, residing at.....
My commission expires.....
(Seal)

Signed.....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DPH - 51117

See certificates #149124 - 177677 - 226538

Form V. S. No. 11-C—25m-9-8-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

493-224-042-155

County of Twin Falls

City of Twin Falls

No. 804 - 4 W St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37

File No. 98850

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD Irma Elaine Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Argyre (Number and order of birth) 1 of 1	Yes	1 24 1922

FATHER		MOTHER	
FULL NAME	William Alfred Miller	FULL MAIDEN NAME	Irma Eliza Jensen
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	Wt	COLOR	Wt
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Hswfe

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E R Van Cott

M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls

Filed Feb 9 1922 John S. Coughlin
Registrar

DEC 24 1942

819-215-042-715

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls Idaho.

City of Twin Falls.

Registration District No. 37 File No. 98851

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital County

FULL NAME OF CHILD Blanche Marie Harper

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	1st	yes.	Jan (Month) 15 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Mr Warren Clarence Harper	FULL MAIDEN NAME Bessie E. Pavey.
RESIDENCE Filer Idaho	RESIDENCE Filer Idaho.
COLOR white AGE AT LAST BIRTHDAY 39. (Years)	COLOR white AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE St John's Ohio.	BIRTHPLACE Roswell New Mexico.
OCCUPATION Bee Culturist.	OCCUPATION Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 30 P.m. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Dwight M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Filer, Ida.

Filed Feb 9 - 1922 John T. Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 26 1960

FEB 7 1975

753.10-042-693

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls, Idaho.

City of Twin Falls. Registration District No. 37 File No. 98852

No. ..... St.

Hospital County. Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Priscilla Janice Peck.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			2nd	yes.	Jan 10 1922.

FATHER	MOTHER
FULL NAME: Mr Alford Wilton Peck	FULL MAIDEN NAME: Margaret Celia Wilson
RESIDENCE: 844 Blue Lakes Boulevard.	RESIDENCE: 844 Blue Lakes Boulevard.
COLOR: White. AGE AT LAST BIRTHDAY: 31 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Neola Iowa.	BIRTHPLACE: Michigan City Indiana.
OCCUPATION: Bank Teller.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) H. W. Wilson M.D.

Physician

(Physician or midwife)

Address Twin Falls, Idaho.

Filed Feb 9 1922 John T. Naughton Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-203:C42-165

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Murtaugh

No. ____ St. ____ Registration District No. 36 File No. 98853

Hospital Home Primary Registration District No. ____ Registered No. [redacted]

FULL NAME OF CHILD Maxine Myrtle Clawson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Jan 3 1922

What bacteriocidal solution was used in eyes? 10% Argy.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Thurman Clawson	FULL MAIDEN NAME: Mary Alice Jones
RESIDENCE: Murtaugh	RESIDENCE: Murtaugh
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:05 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis

Physician
(Physician or midwife)

Address Kimberly, Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Jan. 13 1922 J. M. Davis
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss. Certificate No. 98853
County of Salt Lake } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Maxine (Name on Original Certificate) who born (Was Born or Died) on Jan. 3 - 1922 (Date of Event)
in Murtaugh Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Blessing Record (Bible Record, Insurance Policy, Etc.) prepared on April 2nd 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Maxine	Maxine Myrtle Clawson

Subscribed and sworn to before me this 25th
day of May 1942
Allan G. Pyper
Notary Public, residing at Salt Lake City
My commission expires Oct 13 - 1943
(Seal)

Signed Mary Alice Jones Clawson Pelham
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of May 1942
Allan G. Pyper
Notary Public, residing at Salt Lake City
My commission expires 10-13-43
(Seal)

Signed Henry Pelham
(Signature of Any Credible Person Other Than Previous Year)

811 Ramona Dr.
(Street Address, City, State)
Salt Lake City
Utah

MAY 25 1942

AUG 28 1942

818-207-642-239

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Rock Creek

No. ..... St.

Hospital Home

Registration District No. 36

Primary Registration District No. .....

File No. 98854

Registered No. 2107

FULL NAME OF CHILD Dorotny Haynes
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Jan. 7 1922

What bacteriedal solution was used in eyes? 10% Argy.

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME Wm. Haynes	FULL MAIDEN NAME Blythe Stricker
RESIDENCE Utah Rock Creek, Ida.	RESIDENCE Ida. Rock Creek, Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Utah	BIRTHPLACE Ida.
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J. M. Davis

Physician
(Physician or midwife)

Address Kimberly, Ida.

Filed Jan 17 1922 J. M. Davis Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

268-207-042-742

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Murtaugh

No. ____ St.

Registration District No. 36 File No. 98855

Hospital Home

Primary Registration District No. ____ Registered No. [redacted]3

FULL NAME OF CHILD Jean Ruth Boyle
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Jan 7 1922

What bactericidal solution was used in eyes? 10% Argy.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: James R. Boyle	FULL MAIDEN NAME: Anna C. Gustafson
RESIDENCE: Murtaugh	RESIDENCE: Murtaugh
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: Ill.	BIRTHPLACE: Ia.
OCCUPATION: Farmer	OCCUPATION: House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:50P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis

Physician (Physician or midwife)

Address Kimberly Ida.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Jan. 17 1922 J. M. Davis Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243113-042-744

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls
City of Kimberly
No. ____ St.
Hospital Home

Registration District No. 36
Primary Registration District No. ____

File No. 98856
Registered No. ~~726~~ 4

FULL NAME OF CHILD Raymond Edward Butler
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 13 192 2

What bacteriocidal solution was used in eyes? 10% Argy.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Ralph Otis Butler	FULL MAIDEN NAME: Ola Gertrude Gummerson
RESIDENCE: Kimberly Ida.	RESIDENCE: Kimberly, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Mo.	BIRTHPLACE: Mo.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Davis
Physician
(Physician or midwife)

Address Kimberly, Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Jan 23 192 2 J M Davis
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-12i-042-219

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

Registration District No. 36

Primary Registration District No. .....

File No. 98857

Registered No. 6

FULL NAME OF CHILD Jack Corbett

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Jan. 21 1922

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 4

Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Joseph D. Corbett	FULL MAIDEN NAME	Mary E.L.Barnes
RESIDENCE	Kimberly, Ida.	RESIDENCE	Kimberly, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 11:20 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J. M. Davis

Physician
(Physician or midwife)

Address Kimberly, Ida.

Filed Jan 31 1922 J. M. Davis
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-226-042-533

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 21 1922

CERTIFICATE OF BIRTH

98859

County of Twin Falls
City of Kimberly
No. ____ St.
Registration District No. 36
File No. ____
Hospital Home
Primary Registration District No. ____
Registered No. 7

FULL NAME OF CHILD Bernice Marion Breazeale
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 26 192 2

What bacteriocidal solution was used in eyes? 10% Argy.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: James Blain Breazeale	FULL MAIDEN NAME: Grace Ellis
RESIDENCE: Kimberly Ida.	RESIDENCE: Kimberly, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Mo.	BIRTHPLACE: So. Dakota
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:50 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Davis
Physician
(Physician or midwife)
Address Kimberly, Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Jan 30 1922

J M Davis
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 11 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Kimberly; Street: ; County: Twin Falls

File Number: 98859

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Jan 26 192 2

Father: James Blaine Breazeale (Full Name)

Mother: Grace M. Ellis (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Bernice Marion Breazeale
Child's Name in Full

J. B. Breazeale
Signature of Father or Mother

OVER

OCT 15 1963

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

86K-129.C42-666

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital Home

Registration District No. 36 File No. 98860

Primary Registration District No. ..... Registered No. ~~110~~ 8

FULL NAME OF CHILD Dale Andrew Howard
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Jan 29 2

What bactericidal solution was used in eyes? 10% Argy.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Dan Andrew Howard	FULL MAIDEN NAME	Florence Woods
RESIDENCE	Kimberly Ida.	RESIDENCE	Kimberly, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Nebr.	BIRTHPLACE	Nebr.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Kimberly, Ida.

Filed Feb 9 1922 J. N. Davis
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 29, 1941. E.W.

296-126-642-632

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansen,

No. ____ St.

Registration District No. 36 File No. 98861

Hospital home Primary Registration District No. ____ Registered No. 9

FULL NAME OF CHILD Raymond Bryan Bronson
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Jan, 26 192 2

What bacteriocidal solution was used in eyes? argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	William Bryan Bronson	FULL MAIDEN NAME	Stella Teressa Olsen
RESIDENCE	Hansen, Idaho	RESIDENCE	Hansen, Idaho,
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	YUtah
OCCUPATION	farmer	OCCUPATION	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:50 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Jan. 30, 1922

J. M. Davis
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

959-107-042-862

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ____ St. ____

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98862

Registration District No. 38

File No. ____

Primary Registration District No. 2086

Registered No. ____

FULL NAME OF CHILD ~~Not Named~~ Walter Edward Heinke

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	Feb. 7 1922

What bactericidal solution was used in eyes? Argo 2 1%

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	John A Heinke	FULL MAIDEN NAME	Helen Hohlman
RESIDENCE	Buhl Ida	RESIDENCE	Filer Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Neb
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

4-5-8

I hereby certify that I attended the birth of this child, who was ____ at ____ M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) A. A. Newberry

(Physician or midwife)

Address ____

Filed 2-7 1922 A A Newberry

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
MAR 13 1922
BUREAU OF VITAL STATISTICS

MAR 7 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Buhl
- Street: .....
- County: Twin Falls

File Number: 98862

Registration Dist. No. .....

Date of Birth: Feb 7 1922

Sex of Child: Male

Father: John Hansen Reinke (Full Name)

Mother: Helen Halelman (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Walter Edward
Child's Name in Full

John H. Reinke
Signature of Father or Mother

DEC [illegible] 1944

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

895-107-042-253

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

RECEIVED MAR 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 38 File No. 98863

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD ~~Not Named~~ Robert Fay Hinckley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	Feb. 7 1922

What bactericidal solution was used in eyes? Ag no 3 1%.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Frank Hinkley	FULL MAIDEN NAME	Elizabeth Beck
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W. AGE AT LAST BIRTHDAY 43 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	NY	BIRTHPLACE	Colo
OCCUPATION	Carpenter	OCCUPATION	H. wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 9:30 P M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. A. Newberry
(Physician or midwife)

Address .....

Filed 2 7 1922 A A Newberry
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 11 1922
BUREAU VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Filer

Street:

County: Twin Falls.

File Number: 98863

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Feb. 7th 1922

Father: Frank Potter Stinckley (Full Name)

Mother: Mary Elizabeth Be (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Robert Fay Stinckley

Child's Name in Full

Frank P. Stinckley

Signature of Father or Mother

3/9/22

JAN 6 1969

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

643-220-042-7449

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 38 File No. 98864

Primary Registration District No. 2086 Registered No. ____

FULL NAME OF CHILD ~~Not Named~~ Josephine Ruby Lou Williams
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	Feb. 20 '27

What bactericidal solution was used in eyes? 1% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	J E. Williams	FULL MAIDEN NAME	Mabel Driscoll
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Va	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~) at 1-15 A. M. on the date above stated.

(Signature) Dr A A Newberry

(Physician or midwife)

Address ____

Filed 2/20 '27 A.A.

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

____, 19____

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 18 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

614-101-042-433

County of Twin Falls.

City of Buhl.

No. ..... St.

Hospital .....

RECEIVED
MAR 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registrar's No. 39 File No. 98865

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD ROBERT EDGAR WAUD
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Feb. 1 1922

What bacteriocidal solution was used in eyes? 1% Argyrol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	N. E. Waud.	FULL MAIDEN NAME	Mary M. Cooley.
RESIDENCE	Buhl.	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	36.	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ohio.	BIRTHPLACE	Ohio.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19..

.....
Registrar.

(Signature) J. H. Murphey M.D.
(Physician or midwife)

Address Buhl Ida.

Filed 2-10 1922 J. H. Murphey
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of State of Idaho } ss.
County of Shoshone }

DEC 28 1942

Certificate No. 98865

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Robert Edgar Waud (Birth or Death) for (Name on Original Certificate) who 1st Feb. 1922 (Was Born or Died) on (Date of Event) in Burl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on 1st Feb, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Robert Edgar Waud

Subscribed and sworn to before me this 14th. day of November, 1942

day of Feb. 14th, 1942

Geo. H. Walker

Notary Public, residing at Wallace, Idaho

My commission expires June 16th, 1943
(Seal)

Signed H. E. Waud - Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Pacific Hotel, Wallace, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Canyon } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th

day of November, 1942

Helen L Painter

Notary Public, residing at Caldwell, Ida

My commission expires 9-25-45
(Seal)

Signed Ben Steinberg
(Signature of Any Credible Person Other Than Previous Year)

1701 Everett St. Caldwell Idaho
(Street Address, City, State)

DEC 29 1942

AUG 27 1943

849-201-042-295

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

RECEIVED MAR 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39

File No. 98866

No. ..... St.

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD Eva Quinn

Sex of Child	Twin ~~Triplet or other?~~ and Number in order of birth	Legitimate?	Date of Birth
Female	First (To be answered only in event of plural births)	Yes.	Feb. (Month) 1st (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	J. F. Quinn.	FULL MAIDEN NAME	Nannie D. King.
RESIDENCE	Buhl. Ida.	RESIDENCE	Buhl. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Virginia
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11/50 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Marsh

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl. Idaho

Filed 2-6 1922 J. H. Murphy Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Mar. 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County Twin Falls

File Number 38866

Registration Dist. No. 22

Sex of Child Female

Date of Birth Feb 1 1922

Father Joseph Francis Quinn
Full Name

Mother Nannie Denny King
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Eva Quinn
Child's Name in Full

Mrs J. F. Quinn
Signature of Father or Mother

APR 17 1953

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

849-201-042-295

RECEIVED
MAR 6 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. [illegible]

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 39 File No. 98867

Primary Registration District No. 7087 Registered No. .....

FULL NAME OF CHILD Neva Quinn

Sex of Child	Twin ~~Triplet or other?~~ and Number in order of birth	Legitimate?	Date of Birth
Female	2nd (To be answered only in event of plural births)	yes	Feb. (Month) 1st (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	J. F. Quinn	FULL MAIDEN NAME	Nannie D. King
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Virginia
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 14 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alm (Born alive or stillborn) at 12:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) F. A. Marsh

Physician (Physician or midwife)

Address Buhl Ida

Filed 2-6 1922 J. H. Murphy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 1922
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAR 7 1922

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County Twin Falls

File Number 98867

Registration Dist. No. 22

Sex of Child..... female .....

Date of Birth Feb 1 .....192 2.

Father Joseph Francis Dunn (Full Name) Mother Nannie Henry King (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Neva Dunn

Child's Name in Full

Mrs. J. F. Dunn

Signature of Father or Mother

762-105-042-866

PLACE OF BIRTH

RECEIVED MAR 6 1922 BUREAU OF VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 98868

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Howard Hoover Postlewaite
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	2 5 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Steel H. Postlewait	FULL MAIDEN NAME	Velma Hoover
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Ill.	BIRTHPLACE	Nebr.
OCCUPATION	Housewife	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. McClusky
Phys
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed FEB 28 1922 192 J. F. Hoarsley
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECE
MAR 18
BUREAU OF
STATISTICS

Boise, Idaho, MAR 7 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Buhl

Place of Birth — Street:

Place of Birth — County: Twin Falls

File Number: 98868

Registration Dist. No.:

Date of Birth: February 5 1922.

Sex of Child: Male

Father: Steele Hage Postlewaite (Full Name)

Mother: Velma Hoover (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Howard Hoover Postlewaite
Child's Name in Full

Velma Postlewaite
Signature of Father or Mother

312-106-042-469

PLACE OF BIRTH

RECEIVED MAR 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Castleford

No. ..... St.

Registration District No. 39 File No. 98869

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Shu Soo Taketa
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	2 6 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Y Taketa	FULL MAIDEN NAME	Chieko Moriwaki
RESIDENCE	Castleford	RESIDENCE	Castleford
COLOR	yellow	COLOR	yellow
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1145 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. E. McClusky
Phys.
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Address .....

Filed FEB 28 1922 J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

669-208-042-154

PLACE OF BIRTH

RECEIVED MAR 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 98870

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Charlotte Elizabeth Ford
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	2 8 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Jud Ford	FULL MAIDEN NAME	Willa Andrews
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Tenn	BIRTHPLACE	Tenn
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey
Phys.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed FEB 28 1922 J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT

RECEIVED
MAR 17 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAH

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Mar. 7 - 1922 ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Buhl

Street: 13th

County: Twin Falls

File Number: 2 98870

Registration Dist. No.:

Date of Birth: Feb. 8 ...192.2

Sex of Child: Female

Father: Jud Ford (Full Name)

Mother: Nellie Andrews (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Charlotte Elizabeth Ford
Child's Name in Full

Jud Ford
Signature of Father or Mother

OVER

APR 8 1943

819-111-042-253

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 98871

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD James William Harrison
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	2 11 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	James B. Harrison	FULL MAIDEN NAME	Myrtle Beck
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Ill	BIRTHPLACE	Mo.
OCCUPATION	contractor on road or street con	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 11:50 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A F Kellusky
Phys
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed FEB 28 1922 192.. J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11/4/40 M.P.

391-112-042-416

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 39 File No. 98872

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Single	Two	Yes	Feb. 12 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Bengeman F. Craigen	FULL MAIDEN NAME	Margret Edna Dawling
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kirkswille Mo.	BIRTHPLACE	Youngstown Ohio
OCCUPATION	Blacksmith	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James Monroe

Physician (Physician or midwife)

Address Buhl, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 2-14 1922 J. H. Wheeley Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-214-042-361

Rec'd March 6, 1922

State File No. 98873
Local Reg. No.
Reg. Dist. No. 39

TYPE OR PRINT IN PERMANENT INK

State of Idaho
CERTIFICATE OF LIVE BIRTH

CHILD

1. CHILD-NAME FIRST	MIDDLE	LAST	2. SEX	3a. DATE OF BIRTH (Mo., Day, Yr.)	3b. HOUR
LOUISE		CAMPBELL	Female	Feb 14 1922	12:15AM

4a. INSTITUTION NAME (If not in hospital or clinic, give street and number)	4b. CITY, TOWN OR LOCATION OF BIRTH	4c. COUNTY OF BIRTH
	Buhl	Twin Falls

CERTIFIER

I certify that stated information concerning this child is true to the best of my knowledge and belief.

5a. (Signature)	5b. DATE SIGNED (Mo, Day, Yr.)	5c. NAME AND TITLE OF ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER (Type or print)
▶ J. H. Murphy, M.D.		

5d. CERTIFIER NAME AND TITLE (Type or print)	5e. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)
J. H. Murphy, M.D.	Buhl, Idaho

6a. REGISTRAR (Signature)	6b. DATE RECEIVED BY REGISTRAR (Month, Day, Year)
▶ J. H. Murphy	February 15, 1922

MOTHER

7a. MOTHER-MAIDEN NAME FIRST	MIDDLE	LAST	7b. AGE	7c. STATE OF BIRTH (If not in U.S.A., name country)
Ethel		Coates	31	Missouri

8a. RESIDENCE STATE	8b. COUNTY	8c. CITY, TOWN OR LOCATION	8d. STREET AND NUMBER OF RESIDENCE	8e. INSIDE CITY LIMITS (Yes or No)
Idaho	Twin Falls	Twin Falls	Blue Lakes N.	No

9. MOTHER'S MAILING ADDRESS - If same as above, enter Zip Code only — ZIP CODE

FATHER

10a. FATHER-NAME FIRST	MIDDLE	LAST	10b. AGE	10c. STATE OF BIRTH (If not in U.S.A., name country)
James	A.	Campbell	33	Kansas

I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.

11a. (Signature of Parent or Other Informant)	11b. RELATION TO CHILD
▶ Ethel Campbell	Mother

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

12. RACE-MOTHER (White, Black, American Indian, Japanese, etc.)	13. RACE-FATHER (White, Black, American Indian, Japanese, etc.)	14. BIRTH WEIGHT	15a. THIS BIRTH - Single, twin, triplet, etc.	15b. IF NOT SINGLE - Born first, second, third, etc.	16. IS MOTHER MARRIED? (At birth, conception, or any time between) (Yes or No)
White	White				

PREGNANCY HISTORY (Complete each section)		18. EDUCATION – MOTHER (Specify only highest grade completed)		19. EDUCATION – FATHER (Specify only highest grade completed)	
LIVE BIRTHS (Do not include this Child)	OTHER BIRTHS/TERMINATIONS (Include stillbirths, miscarriages, and induced terminations)	Elementary or Secondary (0-12)	College (1-4 or 5+)	Elementary or Secondary (0-12)	College (1-4 or 5+)
17a. Now ·17b. Now	17d. Before 20 ·17e. After 20				

DATE LAST NORMAL MENSES	MONTH OF PREGNANCY PRE-	PRENATAL VISITS	APGAR SCORE

DEATH UNDER ONE YEAR OF AGE
Enter State File Number of death certificate for this child

FEB 27 1984

897-216-042-165

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 98874

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD ELIZABETH JEAN HIGBIE
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	2 16 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	John Higbee	FULL MAIDEN NAME	Josephine Jones
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Kansas	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey
Phys.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed FEB 28 1922 192 J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 98874

JAN 24 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Death (BIRTH OR DEATH)
for Elizabeth Jean Higbee (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Feb. 16. 1932 (DATE OF EVENT)
in Buhl Idaho (PLACE OF EVENT) are [redacted] or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Higbee	Elizabeth Jean Higbee
Elizabeth Jean		

Subscribed and sworn to before me this twenty-second day of January, 19 42.

John M Parker

Notary Public, residing at Buhl, Idaho

My commission expires 10/8/42

(SEAL)

John J Higbee

Signed

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

R#1, Buhl, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at

(STREET ADDRESS, CITY, STATE)

My commission expires
(SEAL)

Received for filing on JAN 24 1942 By
(REGISTRAR'S SIGNATURE)

693-226-042-653

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 98875

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Wilma Belle Wilson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	2 26 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	F. L. Wilson	FULL MAIDEN NAME	Mary Weldin
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky
Phys.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed FEB 28 1922 192 J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

LASONS WHY A CERTIFICATE OF BIRTH S
LD AND THE SAME COMPLETED WIT

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Buhl

File Number: 98875

Street:

Registration Dist. No.:

County: Twin Falls

Date of Birth: February 26, 1922

Sex of Child: Female

Father: Fred Lee Wilson (Full Name)

Mother: Mary Weeden (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Wilma Belle Wilson
Child's Name in Full

Mrs. Fred L. Wilson
Signature of Father or Mother

and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

365-126-042-691

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 6 1926
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.
City of Buhl.
No. ..... St.
Hospital .....

Registration District No. 39 File No. 98876
Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD William Everett Conrad
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes.	2-26 1926

What bacterieidal solution was used in eyes? 1% Argyrol.

Number of child of this mother, including present birth 2. Number of child of this mother now living, including present birth 2.

FATHER		MOTHER	
FULL NAME	C. B. Conrad.	FULL MAIDEN NAME	Hazel Frazier.
RESIDENCE	Buhl.	RESIDENCE	Same.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30.	AGE AT LAST BIRTHDAY (Years)	23.
BIRTHPLACE	Ill.	BIRTHPLACE	Ore.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D.
(Physician or midwife)
Address Buhl Ida

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 2-26 1926 J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Buhl

Street: R F D 2

County: Twin Falls

File Number: 98876

Registration Dist. No.:

Date of Birth: Feb 26 192 2

Sex of Child: Male

Father: Charles B. Conrad (Full Name)

Mother: Hazel A. Frazer (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

William Everett Conrad

Child's Name in Full

Mrs C. B. Conrad

Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

296-107044-739

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 98903

No. ..... St.

Primary Registration District No. 2112 Registered No. 18

Hospital .....

FULL NAME OF CHILD Grant Glime Brown

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan (Month) 7 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Horace L. Brown	FULL MAIDEN NAME	Lila Glines
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Idaho

Registrar

Filed 2/8 1922 W. R. Hamilton D.H. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

141-216-044-391

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. East Main St.

Registration District No. 86 File No. 98904

Hospital

Primary Registration District No. 1010 Registered No. 19

FULL NAME OF CHILD Clara Lucille Adams
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of birth Jan 16th 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Lee Ray Adams	FULL MAIDEN NAME	Frances Morgan Crawford
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Kansas.
OCCUPATION	Laborer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8.45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton - MD.

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed 2/8 1922 W. R. Hamilton DH. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 - 1970

11-3-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JAN 18 1971
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 98904

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Adams (Name on Original Certificate) who was born January 16, 1922 (Was Born or Died) on (Date of Event)

in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Clara Lucille Adams

Subscribed and sworn to before me this 20 day of November, 1970

Notary Public, residing at Joyce Triplett

My commission expires

(Seal) My commission expires Jan. 22, 1973

Signed Lee Roy Adams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oklahoma } ss.
County of Cassidy }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of November, 1970

Notary Public, residing at James L. Drew Pawhuska, Okla

My commission expires ~~Jan. 22, 1973~~ June 29, 1970

(Seal)

Signed Christopher L Adams
Older Brother
(Signature of Any Credible Person)

142 N.E. Myers Bartlesville Okla
(Street Address, City, State)

FORM DH 60-155

FEB 12 1971

Bible Record gives name as Clara Lucille Adams born January 16, 1922. Fathers name is Roy Adams and mother's name Frances M Crawford. Born in Weiser, Idaho. Viewed by V.S.

School Record for Clara Adams states she was born January 16, 1922 in Weiser, Ida. Father's name is given as Roy Adams. Record issued Dec. 9, 1970. Attended school years 1929-1930 Dist # 30 Bartlesville, Oklahoma.
Viewed by V.s.

284.124.044-415

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 7th & W. Main St.

Registration District No. 86 File No. 98905

Primary Registration District No. 2112 Registered No. 20

Hospital

FULL NAME OF CHILD William Leroy Squires

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Jan 24 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. A. Squires	FULL MAIDEN NAME	Eva Lucile Dandle
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 35 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Waterhouse

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Weiser Idaho

19

Registrar

Filed 2/8 1922 W. R. Hamilton Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEPOSITORY COPY
OHIO

DE... ...NT OF PUBLIC WELFARE

RECEIVED
APR 11 1922
BUREAU OF VITAL
STATISTICS

Boise, Idaho, MAR 7 - 1922 192...

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Weiser

Street: West Main

County: Washington

File Number: 98905

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Jan 24 192 2

Father: Charles Andrew Squires (Full Name)

Mother: Ivy Lucile Dowdle (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

William LeRoy Squires
Child's Name in Full

Mrs. Chas. A. Squires
Signature of Father or Mother

OVER

APR 9 1969
JUN 12 1972

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

255-126-044-299

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

RECEIVED FEB 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 98906

No. ..... St.

Primary Registration District No. 2112 Registered No. 21

Hospital .....

FULL NAME OF CHILD Stanley B. Benson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan 26 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clarence G Benson	FULL MAIDEN NAME	Nettie Bird
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Weston Idaho	BIRTHPLACE	Meadow Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5-55 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S M Waterhouse

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Ida

Registrar

Filed 2/8 1922 W. R. Hamilton Registrar

DH.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
MAR 13 1922
VITAL

MAR 7 - 322

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Weiser

File Number: 98906

Street: .....

Registration Dist. No.: .....

County: Washington

Date of Birth: January 26 1922

Sex of Child: Male

Father: Clarence Y. Benson (Full Name) Mother: Nettie Bird (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Stanley B. Benson
Child's Name in Full

Nettie Benson
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

653-228-[redacted]18

Form V. S. No. 11-C—25m-7-21-19

PLACE OF [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

FEB 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Weiser

Registration District No. 86 File No. 98907

No. 805 E. Court St.

Primary Registration District No. 1010 Registered No. 22

Hospital

FULL NAME OF CHILD Edith Shirley Wells

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Jan 28 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James F. Wells	FULL MAIDEN NAME	Temperance Hayes
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ill
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was bornalive (Born alive or stillborn), at 11:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Waterhouse

physician (Physician or midwife)

Address Weiser Ida

Given names added from a supplemental report.

19

Registrar

Filed 2/8 1922. W. R. Hamilton Registrar

G.H.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-123-001-165

PLACE OF BIRTH

RECEIVED APR 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

~~No.~~ Gary Sta. ~~St.~~ Registration District No. 8 File No. 98919

Hospital ——— Primary Registration District No. 2008 Registered No. 22

FULL NAME OF CHILD Burke Thayer Williams
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	March 23 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	A. L. Williams	FULL MAIDEN NAME	Mary Josephine Joe
RESIDENCE	Gary Sta., Boise, Idaho	RESIDENCE	Gary Sta., Boise, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), **at** 10.50 **P. M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Address Boise, Idaho

Filed Mar 31 1922 R. A. Reid
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 12 1947

4/12/41 L. B.
4/18/41 L. B.

593-116-001-463

PLACE OF BIRTH

RECEIVED APR 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. R. F. D. St.

Registration District No. 8 File No. 98920

Hospital

Primary Registration District No. 2008 Registered No. 21

FULL NAME OF CHILD Ralph Carl Eichelberger
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes.	Mar 16 1922

What bactericidal solution was used in eyes? Credé's Solution

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	H. C. Eichelberger	FULL MAIDEN NAME	Francis E. Mock
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Ida	BIRTHPLACE	Ill
OCCUPATION	Trucking.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bank
(Physician or ~~midwife~~)

Address Boise Ida

Filed Mar 31 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise; Street: R. H. #; County: Ada

File Number: 98920

Registration Dist. No.:

Date of Birth: March 16 1922

Sex of Child: Male

Father: Horace Carl Eichelberger (Full Name)

Mother: Frances Elizabeth Mock (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ralph Carl Eichelberger
Child's Name in Full

Horace Carl Eichelberger
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

964-211-001-249

PLACE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98921

County of Ada
City of Boise
No. Independent School Dist
Registration District No. 8
File No.
Hospital
Primary Registration District No. 2008
Registered No. 20

FULL NAME OF CHILD Alma Ida Rodgers
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	Mar 11 1922

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Edw. W. Rodgers	FULL MAIDEN NAME	Claribel Smith
RESIDENCE	Indepnt School Dist	RESIDENCE	Independent School Dist
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ia	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	H. W

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Barker

(Physician or ~~midwife~~)

Address Boise Ida

Give names added from a supplemental report.

....., 19.....

Filed Mar 31 1922 R. H. Pratt
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 8 1971

582-208-001-155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 98922

County of Ada

City of Boise

No. Ash Park St.

Registration District No. 8

Hospital

Primary Registration District No. 2008 Registered No. 19

FULL NAME OF CHILD LAUREN ALYN NYBORG
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
		Yes	March 8 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER	MOTHER
FULL NAME Wm. Nyborg	FULL MAIDEN NAME Laurinda Jensen
RESIDENCE R. D. #2, Boise, Idaho	RESIDENCE R. D. #2, Boise, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 46 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 30 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) C. M. Taylor M.D.
(Physician or midwife)

Address Boise, Idaho.

Filed Mar 31 1922 R. H. Pratt Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 98922

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Sept. 9 1922 (DATE OF EVENT)
in Boise, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Physician (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Lauren Alyn Nyberg

Subscribed and sworn to before me this
day of , 19 .

Signed J. M. Taylor M.D. attendant
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at

My commission expires
(SEAL)

205 No. 10th St. Boise Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at

(STREET ADDRESS, CITY, STATE)

My commission expires
(SEAL)

Received for filing on By
(REGISTRAR'S SIGNATURE)

296-102 001-796 Rec'd April 5, 1922

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. R.D. #4 St. Registration District No. File No. 98923

Hospital Primary Registration District No. Registered No. 18

FULL NAME OF CHILD DAVID AUGUSTUS BROWN
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	January 2 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: James Allen Brown	FULL MAIDEN NAME: LaVerne Gifford
RESIDENCE:	RESIDENCE: Boise, R.D. #4
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Ada County, Idaho	BIRTHPLACE: Idaho
OCCUPATION: student	OCCUPATION: housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) C. L. Dutton

Physician
(Physician or midwife)

Address Boise, Idaho

Filed Mar. 17 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

585-121-001-296

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Ustick School Dist

No. ..... St.

Registration District No. .....

File No. 98924

Hospital .....

Primary Registration District No. .....

Registered No. 17

FULL NAME OF CHILD Eugene B Eyerly
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	2/21 1922

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Fred R Eyerly	FULL MAIDEN NAME	Esther B Brock
RESIDENCE	Ustick School District	RESIDENCE	Ustick School Dist.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Neb.	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	House wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Address Boise Idaho

Filed 3-7 1922 R. A. Pratt
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-121-001-418

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of

No. Valley View School Registration District No. File No. 98925

Hospital Primary Registration District No. Registered No. 16

FULL NAME OF CHILD Glenn Marvin Stanley.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	2-21-1922

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Clyde Geo Stanley	FULL MAIDEN NAME	Gladyus Cary May
RESIDENCE	Valley View School Dist	RESIDENCE	Valley View School Dist
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Nebr	BIRTHPLACE	Nebr
OCCUPATION	farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 3 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock
(Physician ~~or midwife~~)

Address Boise Idaho

Filed 1922 [illegible] Pratt
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 15 1955

595-220-001-894

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Cole School Dist.

No. ..... St.

Registration District No. .....

File No. 98926

Hospital .....

Primary Registration District No. .....

Registered No. 15

FULL NAME OF CHILD Richelene Lavern Vinson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		yes	2-20 1922

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Jay Leonard Vinson	FULL MAIDEN NAME	Lila Vern Himler
RESIDENCE	near Cole School	RESIDENCE	near Cole School
COLOR	White.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Iowa	BIRTHPLACE	N. D.
OCCUPATION	Dairyman	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12.45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bank
(Physician or midwife)

Address Boise Ida

Filed 3-7 1922 P. H. Nott
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise Idaho

Street: R 2 #

County: Ada

File Number: 98926

Registration Dist. No.:

Date of Birth: Feb 20th 192 2

Sex of Child: Female

Father: Jay Leonard Vinson (Full Name)

Mother: Lila Lavern Himler (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Richelene Lavern Vinson (Child's Name in Full)

Mrs. J. L. Vinson (Signature of Father or Mother)

OVER

MAR

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

651-101-001-395

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. St.

Hospital St Alph.

Registration District No. _____ File No. 98927

Primary Registration District No. _____ Registered No. 14

FULL NAME OF CHILD John W ~~Fean~~ Fearn
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	3-1 1922

What bactericidal solution was used in eyes? Agno 3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Walter Fe[illegible]	FULL MAIDEN NAME	Florence Treece
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	England	BIRTHPLACE	Cobden Ill
OCCUPATION	Insurance Ag	OCCUPATION	H W

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Titus

(Physician or midwife)

Address Boise

Filed 5/31 1922 H. H. Scott
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 19 1941

593-226-001-397

Form V. S. No. 11-C--25m-7-21-19.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED APR 5 1922 BUREAU OF VITAL STATISTICS

County of Ada

City of Boise Registration District No. 2 File No. 98928

No. Hospital St Alphonsus Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD Mary Bernadette Erler

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	March 26 1922

FATHER		MOTHER	
FULL NAME	Lawrence R. Erler	FULL MAIDEN NAME	Margaret Light
RESIDENCE	1007 N. 5th St. Boise, Idaho	RESIDENCE	Boise, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	York, Penn.	BIRTHPLACE	Idaho.
OCCUPATION	Bank Teller	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R. Meuleers Jr.
(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report.

19

Registrar

Filed Mar 31 1922

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/6.41 L. B.

153.226.001-343

PLACE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ____ St.

Registration District No. 2 File No. 98829

Hospital 1511 Euclid ave Primary Registration District No. 1004 Registered No. ____

FULL NAME OF CHILD Peterson (Mary Jane)
(Certificate of no value without full name given.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	3 / 26 / 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Lionel Peterson	FULL MAIDEN NAME	Nellie Tucker
RESIDENCE	1511 Euclid Ave.	RESIDENCE	1511 Euclid Ave.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah.	BIRTHPLACE	Tenn.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pettenger
(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Mar 31 1922 R. N. Tuck
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

10

DEPARTMENT OF PUBL . WELFARE

Boise, Idaho, APR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise; Street: Euclid; County: .....

File Number 98929

Registration Dist. No. .....

Sex of Child Female

Date of Birth March 26 192 2

Father Lionel B. (Full Name)

Mother Nellie Tucker (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mary Jane Petersen
Child's Name in Full

Lionel B. Petersen
Signature of Father or Mother

OVER

NOV 6 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

294-226-001-753

PLACE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITA

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

88930

County of Ada
City of Boise
No. ____ St.
Hospital St. Alph.

Registration District No. 2
Primary Registration District No. 1094

File No. ____
Registered No. 1

FULL NAME OF CHILD Bruce Alvena Augusta
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	3 / 26 / 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2. Number of child of this mother now living, including present birth 2.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm F. Bruce	Myra Peterson
RESIDENCE	807 W. S. Ave.	807 W. S. Ave.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	30
BIRTHPLACE	Mo.	Wash.
OCCUPATION	Druggist	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 ____ P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Putterger
(Physician or midwife)

Address ____

Filed Mar 31 1922 P. H. Craft
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF NORTH CAROLINA
DEPARTMENT OF REVENUE

IDAHO

DEPARTMENT OF PUBLIC HEALTH

APR 7 - 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Boise; Street 807 Wm Spgs; County Ada

File Number 98930

Registration Dist. No. .....

Date of Birth Mar 26 1922

Sex of Child Female

Father Wm J & S Bruce (Full Name)

Mother Myra Petersen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Florence Virginia Bruce
Child's Name in Full

W J Bruce
Signature of Father or Mother

OVER

JUL 28 1942

OCT 23 1968

AUG 27 1971

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

246-125-001-345

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

County of [redacted]

City of Burn

Registration District No. 2 File No. 98931

No. Bristol Hotel St.

Hospital St Alphonsus Primary Registration District No. 1004 Registered No. 136

FULL NAME OF CHILD Carlyle Emerson Smuck

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	3 - 28 - 1922

FATHER	MOTHER
FULL NAME C. H. Smuck	FULL MAIDEN NAME Cora Lundstrum
RESIDENCE Burn, Ida	RESIDENCE Basin Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Neb
OCCUPATION Student	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) D P Higgs M D

(Physician or midwife)

Address 402 Ida Bldg Boise Ida

Filed Mar 31 1922 R. H. Pratt

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO

RECEIVED
APR 22 1922
BUREAU OF VITAL STATISTICS

DEPARTMENT OF PUBLIC WELFARE

APR 7 - 1922

Boise, Idaho, ...192

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital imp ance to have the full name included in the record. Kindly fill in the information requested in the blank be and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise Idaho

Street: Bristol St. Alphonsus Hosp.

County: Ada

File Number: 98931

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: March 25 19

Father: Carlyle Hamilton Smoke (Full Name)

Mother: Cora Lunstrum (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Carlyle Emerson Smoke
Child's Name in Full

Carlyle Hamilton Smo
Signature of Father or Mother

OVER

VERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

registration is part of every child's birthright.
ablishes legally the date of the child's birth, parentage
.
bles the Public Health Nurse to make sure the child has
from danger of blindness and other infections at birth.

- - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

correct age for purposes of school attendance.
oyment.
ection under the law.
tary and jury duty.
t to travel unmolested in foreign lands.
t to vote.
t to receive pensions and inherit property.
ishes acceptable evidence of genealogy.
t to get married.
. at this time while many of the Ex-Service men are com-
h certified copies of certificates of birth, it is im-
certificates be filed with the BUREAU OF VITAL STATIS-
e completed by furnishing the name of the child.

E ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

43-225-001-744

PLACE OF ~~BIRTH~~

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Lukes

Registration District No. 2

File No. 98932

Primary Registration District No. 1004

Registered No. 135

FULL NAME OF CHILD Patricia Jannett (JEANETTE) McDougall
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		YES.	Mar 25 1922

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Allen S McDougall	FULL MAIDEN NAME	Jessie E. M. Gudgell
RESIDENCE	1315 N 7	RESIDENCE	1315 N 7
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Scotland	BIRTHPLACE	Utah
OCCUPATION	civil engineer	OCCUPATION	House-wife

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive, at 4.40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bank
(Physician or midwife)

Address Boise Ida

Filed Mar 31 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 98932

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or ~~Death~~)
for Jannett McDougal (Name on Original Certificate) who was born (Was Born or Died) on March 25, 1922 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of ~~his~~ my knowledge, the
true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	McDougal	MacDougall
Name	Jannett	Patricia Jeanette

Subscribed and sworn to before me this 20th
day of March, 1943
Annie B. Glenn
Notary Public, residing at Alhambra
My commission expires March 15, 1944
(Seal)

Signed Jessie M. MacDougall
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
3575 Wonderland Ave. Los Angeles
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 2 9 1943

962-224.001-816

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 98933

County of Ada

City of Boise Registration District No. 2

No. 2214 Idaho St.

Primary Registration District No. 1004 Registered No. 134

Hospital

FULL NAME OF CHILD Cleo Maxine Ross

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	3 - 24 - 1922

FATHER		MOTHER	
FULL NAME	Leo Augustus Ross	FULL MAIDEN NAME	Florence Hawkins
RESIDENCE	2214 Idaho St, Boise, Idaho	RESIDENCE	2214 Idaho St. Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.30 A.M. on the date above stated.

(Signature) Dr. J. Carl Hill M.D.

Physician (Physician or midwife)

Address Empire Bldg, Boise, Idaho.

Filed Mar 31 1922 R. H. Pond Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 22 1983

RECEIVED
APR 14 1922
BUREAU OF VITAL STATISTICS

IDAHO

DEPARTMENT OF PUBLIC WELFARE

APR 7 - 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: 2214 Idaho

County: Ada

File Number: 98933

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: March 24 1922.

Father: Leo Augustus Ross (Full Name)

Mother: Florence Dona Hawkins (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Cleo Maxine Ross
Child's Name in Full

Mrs Leo Ross
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

442-224-001-689

PLACE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98934

County of Ada
City of Boise
No. 1315 Euclid St. Registration District No. 2 File No.
Hospital Primary Registration District No. 1004 Registered No. 133

FULL NAME OF CHILD Leora Faye Musgrove
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	March 24 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	W. B. Musgrove	FULL MAIDEN NAME	Eva Lena Whipple
RESIDENCE	1315 Euclid Ave., Boise, Idaho	RESIDENCE	1315 Euclid Ave., Boise, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Kansas	BIRTHPLACE	Oklahoma
OCCUPATION	Electrician	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.35 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Address Boise, Idaho

Filed Mar 31 1922 R. H. Paul Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

351-224-001-815

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

No. ..... St. Registration District No. 2 File No. 98935

Hospital St Lukes Primary Registration District No. 1004 Registered No. 132

FULL NAME OF CHILD Maxine Ruth ~~[illegible]~~ Leavy
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes.	Mar 24 1922

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Irwin L. ~~[illegible]~~ Leavy	FULL MAIDEN NAME	Edith M Hansen
RESIDENCE	1202 E State	RESIDENCE	1202 E State
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Pa.	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~

I hereby certify that I attended the birth of this child, who was Born alive at 7.30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bank
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Boise Ida

Filed Mar 31 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 5 1968

522-224-001-396

PLACE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98936

County of _____

City of Boise

No. _____ St.

Hospital St Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. _____

Registered No. 131

FULL NAME OF CHILD Ekstrand, Betty Carolyn

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		1	yes	3 24 1922

What bacteriecidal solution was used in eyes? yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ekstrand, Jesse Cornelius	FULL MAIDEN NAME	Brown Carolyn
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Marquette Kansas	BIRTHPLACE	Washington D.C.
OCCUPATION	Shoe salesman	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:40 P. M. on the date above stated.

(Signature) Chas. S. Sweeney

(Physician or midwife)

Address _____

Filed Mar 31 1922

R. H. Pratt
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

252-122-001-231

PLACE OF BIRTH

RECEIVED APR 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98937

County of Ada

City of Boise

No. ____ St.

Hospital St. Alph.

Registration District No. 2

File No. ____

Primary Registration District No. 1004

Registered No. 10

FULL NAME OF CHILD John Dewey (Jack) Sessions

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month / Day / Year)
Boy			Yes	3 / 22 / 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Dewey Sessions	Norma Black
RESIDENCE	1409 E. Jeff.	1409 E. Jeff.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	19
BIRTHPLACE	Wyo.	Idaho.
OCCUPATION	Carpenter	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pettengill M.D.

(Physician or midwife)

Address Boise Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 3/22 1922

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - -

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Ada } ss.

Certificate No. 98937

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Jack Sessions (Name on Original Certificate) who was born (Was Born or Died) on Mar. 22, 1922 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Jack Sessions

Subscribed and sworn to before me this 27
day of April, 1942

W. B. Joy
Notary Public, residing at Boise, Ida.

My commission expires 7/14/45
(Seal)

Signed John F. Black
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record or other credible person)

306 Draughn St. Boise Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27
day of April, 1942

W. B. Joy
Notary Public, residing at Boise, Ida.

My commission expires 7/14/45
(Seal)

Signed Alfred A. Jensen
(Signature of Any Credible Person Other Than Previous Year)

1316 Washington St. Boise, Ida.
(Street Address, City, State)

8 1964

FEB 3 1964

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

6-19-67

RECEIVED
JUL 5 1967
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 98937

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Jack Sessions (Name on Original Certificate) who was born (Was Born or Died) on Mar. 22, 1922 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	(Jack) Sessions	John Dewey (Jack)

Subscribed and sworn to before me this 19 day of June, 1967

Harold L. Gilbert

Notary Public, residing at Eagle, Idaho

My commission expires Sept 28, 1968

(Seal)

Signed Mrs. Dewey Sessions
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

7872-8th St. Buena Park, Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

L.D.S. Church Cert. of Blessing, Aug. 6, 1922 gives full name as John Dewey Sessions, son of Chester Dewey Sessions and Norma Maud Black, born March 22, 1922 at Boise, Idah viewed by V.S.

JUL 13 1967

L.D.S. Church Cert. of Ordination ~~of~~ to the Holy Priesthood as a Deacon, Oct. 15, 1934 gives full name as John Dewey Sessions, born March 22, 1922 at Boise, Idaho to Chester D. Sessions and Norma M. Black - viewed by V.S.

316.121-00-449

PLACE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 98938

County of Ada

City of Boise

No. ..... St.

Registration District No. 2

Hospital St Alphunsus Primary Registration District No. 1004 Registered No. 129

FULL NAME OF CHILD Leon Elmer Lawson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes.	3/21/192?

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth .....

Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Chas O Lawson	FULL MAIDEN NAME	Abbie Williams
RESIDENCE	28th & Main St	RESIDENCE	28th and Main S
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Mechanic	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:20 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Tillery Jr

Physician

(Physician or midwife)

Address Boise Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Mar. 31 1922 R. H. Pratt Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOU
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WI

BUREAU OF VITAL STATISTICS.

Place of Birth: City Boise; Street Fifth St.; County Ada

File Number 98938

Registration Dist. No. .....

Sex of Child Male

Date of Birth March 21 1922

Father Charles A. Lawson (Full Name)

Mother Abbie Linnham (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Leon Elmer Lawson (Child's Name in Full)

Mrs. A. Lawson (Signature of Father or Mother)

OVER

1. Establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

757-220-00-437

PLACE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 98939

No. 1619 N 5th St.

Hospital St Alphonsus Primary Registration District No. 1004 Registered No. 128

FULL NAME OF CHILD Josie Pearson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	3 - 20 1922

FATHER

FULL NAME Leslie Pearson

RESIDENCE Boise Ida

COLOR White

AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Texas

OCCUPATION Clerk

MOTHER

FULL MAIDEN NAME Georgia McGuire

RESIDENCE Boise Ida

COLOR White

AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Illinois

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D P Higgins M D

(Physician or midwife)

Address 402 Idaho Bldg

Given names added from a supplemental report.

19

Registrar

Filed Mar 31 1922

R. N. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-220-00-417

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98940

County of Ada

City of Boise

No. ..... St.

Registration District No. 2 File No. .....

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 127

FULL NAME OF CHILD Miriam Jeanne Latty
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
7	—		—	yes	March 20th 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% sol. silver nitrate

Number of child of this mother, including present birth one Number of child of this mother now living, including present birth one

FATHER		MOTHER	
FULL NAME	John Latty Jr.	FULL MAIDEN NAME	Lillian Maxwell
RESIDENCE	Glenn's Ferry, Idaho	RESIDENCE	Glenn's Ferry, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	R. R. Pipe fitter	OCCUPATION	Hwife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 5 35 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mather
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address 317 Everland Bldg. Boise

Filed Mar 31 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 25 1954
SEP 28 1967

693-120-001-133

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

City of Boise

Registration District No. 2 File No. 98941

No. St

Primary Registration District No. 1004 Registered No. 2

Hospital St. Alphonsus

FULL NAME OF CHILD Charles Wilkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Mch. (Month) 20 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Sam B. Wilkins	FULL MAIDEN NAME	Clara E. Allen
RESIDENCE	South Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	60 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	California	BIRTHPLACE	Idaho
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Mch. 20-'22, at 2 A. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. R. Numbers Sr.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Boise, Idaho

Filed Mar 31 1922 R. H. Pratt Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-120-00-699

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

No. ..... Registration District No. 2 File No. 98942

Hospital St Luke's Primary Registration District No. 1004 Registered No. 125

FULL NAME OF CHILD Leland Creon Snider

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Mar 20 1922

What bactericidal solution was used in eyes? Ag NO3

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Creon L. Snider	FULL MAIDEN NAME	Ruby Smedley
RESIDENCE	2110 N 9	RESIDENCE	2110 N 9
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Ida
OCCUPATION	Truck driver	OCCUPATION	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 29 P M. (Born alive or ~~still-born~~) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A H Parker

(Physician ~~or midwife~~)

Address 308 Ida Canty Bldg

Give names added from a supplemental report.

....., 19.....

Filed Mar 31 1922 R. H. Pratt

Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 1 2 1944

399-120-001-319

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Lukes

Registration District No. 2 File No. 98943

Primary Registration District No. 1004 Registered No. 124

FULL NAME OF CHILD William Joseph Billy Joe Crill
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	Mar 20 1922

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Joseph R Crill	FULL MAIDEN NAME	Marie Carnes
RESIDENCE	617 N 17	RESIDENCE	617 N 17
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Kas.	BIRTHPLACE	Virg.
OCCUPATION	Civil engineer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive, at 6.40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock
(Physician or ~~midwife~~)

Address Boise Ida

Filed Mar 31 1922 R. H. Pratt
Registrar

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 9 1942

967-118-001-863

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ____ RECEIVED

City of ____ APR 5 1922

Registration District No. 2

No. ____ St. BUREAU OF VITAL STATISTICS

Primary Registration District No. 1004

File No. 9894

Registered No. 123

Hospital ____

Full Name of Child Lifelet Leroy Rogers

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male		2	Yes	3 — 18 — 22

FATHER

FULL NAME: Claud A. Rogers

RESIDENCE: Boise Ida

COLOR: White

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: So Dakota

OCCUPATION: Nurse

MOTHER

FULL MAIDEN NAME: Lovica Holland

RESIDENCE: Boise Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: So Dakota

OCCUPATION: Teacher

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 1.15 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Groom M.D.

(Physician or midwife)

Given names added from a supplemental report

....., 19....

Registrar

Address .....

Filed Mar 31 1922 R. H. Pratt

or each, in order of birth stated.

DEC 1 1955

599-117-881-577

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98945

1. [redacted]
County of Ada
City of Boise
No. ____ St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Ward Lyle Sizemore

3. Sex: Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term ____ | 7. Legitimate? Yes | 8. Date of birth March 17 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Loren Linford Sizemore	18. Full maiden name: Grace Hadlock Eggleston
10. Residence (usual place of abode) (If non-resident, give place and State) ____	19. Residence (usual place of abode) (If non-resident, give place and State) Buhl, Idaho
11. Color or race: White | 12. Age at last birthday ____ (years)	20. Color or race: White | 21. Age at last birthday 17 (years)
13. Birthplace (city or place): Cokeville (State or Country): Wyoming	22. Birthplace (city or place): Frankstown (State or Country): Wyoming
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
16. Date (month and year) last engaged in this work ____, 19____	17. Total time (years) spent in this work ____
25. Date (month and year) last engaged in this work ____, 19____	26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother: 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 3:45 at P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [signature] M. D.
or ____ Midwife
Address ____

Give name added from a supplemental report ____
(Date of)

Filed March 31, 1922 [signature]
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

JUN 2 1942

38-115-001-396

PLACE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98946

County of Ada

City of Boise

No. 2110 N 14 St.

Registration District No. 2

File No.

Hospital

Primary Registration District No. 1004

Registered No. 12

FULL NAME OF CHILD Vernon Clifford Chaney
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	May 15 1922

What bactericidal solution was used in eyes? Silver

Number of child of this mother, including present birth

Number of child of this mother now living, including present birth

FATHER	MOTHER
FULL NAME: Vernon C Chaney	FULL MAIDEN NAME: Lula B Crouch
RESIDENCE: 2110 N 14	RESIDENCE: 2110 N 14
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: N. Dakota
OCCUPATION: Truck driver	OCCUPATION: House Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was, at 7 30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O H Parker
(Physician or midwife)

Address 303 McCarty Blg

Filed Mar 31 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 10 1949

NOV 23 1942

APR 20 1966

819-114-66-755

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

County of Ada
City of Boise
No. 1217 Hays St.
Hospital

Registration District No. 2
Primary Registration District No. 1004
File No. 38947
Registered No. 447

FULL NAME OF CHILD Charles Elmer Harmon
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 14 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Paul Ambrose Harmon	FULL MAIDEN NAME	Jeannette Napola Genereux
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Minnesota
OCCUPATION	Baker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1.45 a M.
(Born alive or stillborn)
on the date above stated.

(Signature) Roscoe C Ward
Physician
(Physician or midwife)

Address

Filed Mar 31 1922 R. N. Pratt
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

236-113 = 001-253

PLACE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Registration District No. 2 File No. 98948

Hospital St. Lukes Primary Registration District No. 1004 Registered No. 119

FULL NAME OF CHILD James Willis Stotler
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	3 13 1922

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Harry W. Stotler	FULL MAIDEN NAME	Harriett Kelley
RESIDENCE	Boise Rf D No 4	RESIDENCE	Boise
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska
OCCUPATION	Rancher	OCCUPATION	HW

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Titus
(Physician or midwife)

Address Boise

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed Mar 31 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

514-210-001-955

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

County of Ada

City of Boise Registration District No. 2 File No. 98949

No. ____ St. Primary Registration District No. 1804 Registered No. 115

Hospital St. Alphonsus

FULL NAME OF CHILD Doris Vaughn

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth 3 (Month) 10 (Day) 1922 (Year)

FATHER

FULL NAME Francis Wm. Vaughn

RESIDENCE Eagle, Idaho

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Idaho

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Marjorie Clara Reedy

RESIDENCE Eagle, Idaho

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

(Signature) Dr. J. Carl Hill M. D.

Physician (Physician or midwife)

Address Empire Bldg. Boise, Ida.

Filed Mar 31 1922 R. N. Pratt Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APP

915-109-001-262

PLACE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. # St.

Registration District No. 2

File No. 98950

Hospital St. Lukes

Primary Registration District No. 1004

Registered No. 1

FULL NAME OF CHILD Alvin ~~Hamilton~~ Harrington Randall

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Mch (Day) 9 (Year) 1922
M		Yes	

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Ed. Randall	FULL MAIDEN NAME	Gina Sophia Kotvedt
RESIDENCE	2812 W. Bannock St	RESIDENCE	2812 W Bannock St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	England	BIRTHPLACE	Norway
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or midwife)

Address Boise Idaho

Filed Mar 31 1922 R. N. Pratt

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 23 1912

AUG 15 1946

864-209-001-238

PLACE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1913 N 8. St.

Registration District No. 2

File No. 98951

Hospital

Primary Registration District No. 1004

Registered No. 116

FULL NAME OF CHILD Betty Marie Young
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	Mar 9 1922

What bactericidal solution was used in eyes? Laredes Solution

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	L. J. Young	FULL MAIDEN NAME	Bernice Slinger
RESIDENCE	1913 North 8.	RESIDENCE	1913 North 8 —
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Texas	BIRTHPLACE	Iowa
OCCUPATION	Telephone Operator	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. 6.15 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) John Black

(Physician or ~~midwife~~)

Address Boise Ida.

Filed Mar 31 1922 R. H. Pratt Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, APR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Boise
- Street: 1913 N 8
- County: Ada

File Number: 98951

Registration Dist. No.:

Date of Birth: March 9 192...

Sex of Child: Female

Father: Charles Gentry Young
Full Name

Mother: Bernice Marie Slinger
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Betty Marie Young
Child's Name in Full

Mrs. C. G. Young
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands. (Mexico medical
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

559-109-001-843

PLACE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 906 McKinley Ave

Registration District No. 2 File No. 98952

Hospital

Primary Registration District No. 1004 Registered No. 115

FULL NAME OF CHILD Robert ~~Laurence~~ LAURENCE Vernon
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		YES	Mar 9 1922

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	W. L. Vernon	FULL MAIDEN NAME	June Hull
RESIDENCE	906 McKinley Ave	RESIDENCE	906 McKinley Ave
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Kas	BIRTHPLACE	Ida.
OCCUPATION	U. S. R. S. Clerk	OCCUPATION	House wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bank

(Physician or ~~midwife~~)

Address Boise Ida

Filed Mar 31 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 19 1942

JUN 30 1942

214-20-1001554

PLACE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada
City of Boise
No. _____ St.
Hospital St. Luke's

Registration District No. 2
Primary Registration District No. 1004

File No. 98953
Registered No. _____

FULL NAME OF CHILD Mary Ann Samms
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	March 8. 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Virgil W. Samms	FULL MAIDEN NAME	Margaret Neuman
RESIDENCE	714 N. 5th St, Boise, Idaho	RESIDENCE	714 N. 5th St, Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Oregon	BIRTHPLACE	Illinois
OCCUPATION	U. S. Surveyor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 40 p. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Address Boise, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Mar 31 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-203-001-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 5 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St. Registration District No. 2 File No. 98954

Hospital St Alphonsus Primary Registration District No. 1004 Registered No. 3

FULL NAME OF CHILD Anna Elizabeth Allbrooks
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	3 3 1922

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Eugene M Allbrooks	FULL MAIDEN NAME	Mina Smith
RESIDENCE	Boise Idaho	RESIDENCE	Caldwell
COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Meridian Miss.	BIRTHPLACE	Kansas
OCCUPATION	Clerk	OCCUPATION	H W

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Letus
(Physician or midwife)

Address Boise Idaho

Give names added from a supplemental report.

....., 19....

Registrar.

Filed Mar 31 1922 R H Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 14 1959

384-102-001255

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

County of Ada

City of Boise Registration District No. 2 File No. 98955

No. Primary Registration District No. 1004 Registered No. 12

Hospital St. Lukes

FULL NAME OF CHILD Forest Lyday

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	3 - 2 - 1922

FATHER

FULL NAME Forest C. Lyday

RESIDENCE R#1 Nampa, Idaho

COLOR White AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Mo.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mae Snell

RESIDENCE R#1, Nampa, Idaho

COLOR White AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE So. Dakota

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill a. B.
Physician
(Physician or midwife)

Address Empire Bldg, Boise Ida.

Given names added from a supplemental report.

_____ 19____

_____
Registrar.

Filed Mar 31 1922 R. H. Pratt
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 8 1949

386-202-001-415

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of RECEIVED

City of APR 5 1922

BUREAU OF VITAL STATISTICS

Registration District No. 2 File No. 98956

No. St.

Primary Registration District No. 1004 Registered No. 111

Hospital

FULL NAME OF CHILD Norma Louise Thomas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1st	yes	Mch 2 1922

FATHER		MOTHER	
FULL NAME	Leslie Thomas	FULL MAIDEN NAME	Cleo Hazel Mann
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Homedale Idaho	BIRTHPLACE	Baker Oregon
OCCUPATION	auto mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Mch 2 1922 (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Cannon

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Boise Idaho

Filed Mar 31 1922 R. H. Pratt Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 4 1975

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
OCT 12 3 38 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Columbia } ss.

Certificate No. 98956

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Thomas (female) (Name on Original Certificate) who was born (Was Born or Died) on March 2, 1922 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Norma Louise Thomas

Subscribed and sworn to before me this 7th day of August, 1975.
Kathleen Drangel
Notary Public, residing at St. Helens, Oregon
My commission expires 7-23-76
(Seal)

Signed Cleo H. Thomas
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
304 So. 18th St. Helens, Oreg 97051
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Columbia } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of August, 1975.
Kathleen Drangel
Notary Public, residing at St. Helens, Oregon
My commission expires 7-23-76
(Seal)

Signed Charles E. Mann
(Signature of Any Credible Person)
134 Crouse Way St. Helens, Oreg 97051
(Street Address, City, State)

FORM DH 80-T55 CL 8/4/75

Certif of Marriage from Washington gives ~~xx~~ names as Irwin Scott Beshears and Norma Louise Thomas. dated Aug 7, 1942. viewed by V. S. NOV 5 1976

Certif of Baptism from the ~~Chx~~ Chapel in the Pines gives name as Norma Louise Beshears child of Lester D. Thomas and Cleo M. Thomas. born in Boise , Idaho on March 2, 1922. Baptized Dec 11, 1942. viewed by V. S.

666128-00214

PLACE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Registration District No. 2 File No. 98957

Hospital St. Luke's Primary Registration District No. 1004 Registered No. 112

FULL NAME OF CHILD Nolan Sylvester Woolsey
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Feb. 28 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Nolan S. Woolsey	FULL MAIDEN NAME	Alice M. Bauer
RESIDENCE	1021 N. 22nd St., Boise, Idaho	RESIDENCE	1021 N. 22nd St., Boise, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:15 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) T. N. Braxton M.D.
(Physician or midwife)

Address Boise, Idaho

Filed Mar 31 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 24 1965
DEC 11 1964

235-126-00-458

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

RECEIVED APR 5 1922 BUREAU OF VITAL STATISTICS

City of Boise

Registration District No. 2 File No. 98958

No. ..... St.

Hospital St. Lukes

Primary Registration District No. 1004 Registered No. [illegible]

FULL NAME OF CHILD Stanley M. Stearns

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Feb (Month) 26 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	A. J. Stearns	FULL MAIDEN NAME	Mabel Meharg
RESIDENCE	1020 N 22nd	RESIDENCE	
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Verdon, So Dak	BIRTHPLACE	Verdon, So. Dak
OCCUPATION	White Truck Salesman	OCCUPATION	Teacher

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harold W Stone

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address 413 Overland Bldg

Filed Mar 31 1922

R. H. Pratt
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 22

JUN 3 1942

128-102-001-351

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 98959

No. ____ St.

Hospital St Luke's

Primary Registration District No. 1004 Registered No. 108

FULL NAME OF CHILD Geoffrey Ward Ashworth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	Feb. 2nd 1922

FATHER		MOTHER	
FULL NAME	Thomas Ashworth	FULL MAIDEN NAME	Ella Eliza Leaning
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	London England	BIRTHPLACE	Colchester England
OCCUPATION	Priest (Episcopal Church)	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

(Signature) Harold W Stone M. D. (Physician or midwife)

Address 413 Overland Bldg

Filed Mar 31 1922

R. A. Pratt Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1
MAR 12 1973

794-215-001-215

PLACE OR BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No.

File No. 98960

No. 811 Franklin St.

Primary Registration District No.

Registered No. 107

Hospital

FULL NAME OF CHILD Lupe Pidal

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	8 15 1922

FATHER	MOTHER
FULL NAME Fred. Pidal	FULL MAIDEN NAME Sarah Sanchez
RESIDENCE Boise, Ida.	RESIDENCE Boise Ida
COLOR White	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Spain	COLOR White
OCCUPATION Sheep Shearer	AGE AT LAST BIRTHDAY 26 (Years)
	BIRTHPLACE Mexico
	OCCUPATION Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D P Higgs M.D.

(Physician or midwife)

Address 402 Ada Bldg.

Given names added from a supplemental report.

19

Registrar

Filed 3-17 1922

P. H. Gatt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 9 1973

499-114 od-391

RECEIVED
APR 5 1922
BUREAU OF
STATISTICS

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1010 Miller St.

Hospital

Registration District No.

Primary Registration District No.

File No. 98961

Registered No. 11

Full Name of Child Delmar Arthur Dring

SEX OF CHILD	Twin Triplet or other?	and Number in order of birth	Legitimate?	DATE OF BIRTH
M.	X	2	Yes	March 14 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	H. J. Dring	FULL MAIDEN NAME	Helen Crandall
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Iowa
OCCUPATION	Clerk	OCCUPATION	Hw

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. Toomey

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

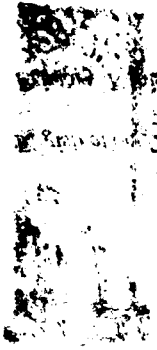
Filed 3-17 1922 R. H. Pratt

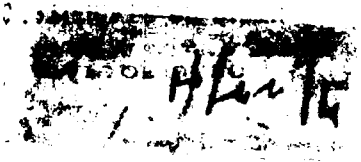
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





249-107-001-894

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of _____

City of _____

No. _____ St.

Hospital _____

Registration District No. _____

Primary Registration District No. _____

File No. 98962

Registered No. _____

Full Name of Child Russel Eugene Smith

SEX OF CHILD male	Twin, Triplet or other? Sing and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH March 22 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Earnest Roy Smith	FULL MAIDEN NAME Iona Hortense Rudge
RESIDENCE 519 Union Gr.	RESIDENCE 519 Union Gr.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Iowa
OCCUPATION Musician	OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Goodfriend

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Emporia Bldg

Filed 7-17 1922

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1953

493-B4-C01-995

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Registration District No. .....

File No. 98963

Hospital St Alphonsus

Primary Registration District No. .....

Registered No. 107

FULL NAME OF CHILD Paul Justin Mills
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Feb 24, 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	James Campbell Mills	FULL MAIDEN NAME	Nellie Belle Ireton
RESIDENCE	Garden Valley	RESIDENCE	Garden Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Garden Valley Ida	BIRTHPLACE	Montour Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Collister

(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Boise

Filed 3-17 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/19/41 L. B.

AUG 25 1975

557-227-001-493

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Lukes

Registration District No. .....

Primary Registration District No. .....

File No. 98964

Registered No. 103

Full Name of Child Patricia Ann Nefsy

SEX OF CHILD	Twin Triplet or other?	and Number in order of birth	Legitimate?	DATE OF BIRTH
female	Single (To be answered only in event of plural births)	—	yes	Feb 27 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank A. Nefsy	FULL MAIDEN NAME	Claudie J. Mollman
RESIDENCE	3 Belgravia	RESIDENCE	3 Belgravia
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Boise
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was ..... alive (Born alive or stillborn) ....., at 8.50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Goodfriend

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Emporia Bldg

Filed 3-17 1922 P. H. Pratt

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

843-222-001-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

County of Ada
City of Boise
No. ..... St. ..... Registration District No. ..... File No. 98965
Hospital St. Alphonsus Primary Registration District No. ..... Registered No. 102

FULL NAME OF CHILD Merle Lois Hutchings
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Jan. 22 1922

What bactericidal solution was used in eyes? Silver Nitrate - 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Bert Hutchings	FULL MAIDEN NAME	Nina Smith
RESIDENCE	Joplin Corners Boise	RESIDENCE	Joplin Corners - Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Idaho	BIRTHPLACE	Illinois
OCCUPATION	Teamster	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton
physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Boise, Ada

Filed 3-17 1922 D. A. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 5 1943

135-104-001-363

Form [illegible] No. 11-[illegible]-10

PLACE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of P O Boise

Registration District No. _____ File No. 98966

No. _____ St.

Primary Registration District No. _____ Registered No. 101

Hospital _____

FULL NAME OF CHILD HOWARD Alverson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	3 (Month) 4 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Fred Alverson	FULL MAIDEN NAME	Salie Cole
RESIDENCE	Boise, Ida	RESIDENCE	Boise, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Nebr.
OCCUPATION	Plasterer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D P Higgs M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address 402 Idaho Bldg

Filed 3-13 1922

R. H. Pratt
Registrar

_____
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

1942

NOV 1 1971

DECEASED

619-127-001-391

PLACE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boise
City of Boise
No. 1009 E. Franklin St.
Hospital St Alphonsis

Registration District No. ____ File No. 98967
Primary Registration District No. ____ Registered No. 106

FULL NAME OF CHILD Farrell, William Sylvester
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	yes	2 27 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Farrell Sylvester F.	FULL MAIDEN NAME	Crandall Charlotte
RESIDENCE	1009 E. Franklin Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho City Idaho	BIRTHPLACE	Shell Wyo.
OCCUPATION	Miner	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Chas. V. Gennoway

(Physician or ~~midwife~~)

Address Boise

Filed 3-13 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-127-801-753

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

File No. 98968

County of Ada

City of Boise

Registration District No.

No. 810 N. 14 St.

Primary Registration District No.

Registered No. 19

Hospital No

FULL NAME OF CHILD Richard Otto Johnson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb 27, 1922

FATHER	MOTHER
FULL NAME Otto Johnson	FULL MAIDEN NAME Mildred Naomi Petersen
RESIDENCE 810 N 14 St	RESIDENCE 810 N 14 St
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Sweden	BIRTHPLACE St Paul Minn
OCCUPATION Tailor	OCCUPATION Home Wife

Number of child of this mother, including present birth First

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. L. W. Anderson

(Physician or Midwife)

Address 217-18 Idaho Bldg Boise

Given names added from a supplemental report

....., 19.....

Filed 3-13 1922

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

515-122-001-455

PLACE OF BIRTH

RECEIVED
APR 5 192
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 401 S. 14th St.

Registration District No. _____ File No. 98969

Hospital _____ Primary Registration District No. _____ Registered No. 98

FULL NAME OF CHILD Glenn Jay Vanderpool

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 22 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Bert J. Vanderpool	FULL MAIDEN NAME	Mary Esther Dees
RESIDENCE	401 S. 14th St, Boise, Idaho	RESIDENCE	401 S. 14th St., Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Arkansas
OCCUPATION	Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 05 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or midwife)

Address Boise, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 3-13 1922 K. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 9 1943

519-220-001-957

PLACE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98970

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

Registration District No. .....

File No. .....

Registration District No. .....

Registered No. 97

FULL NAME OF CHILD Maria Varkas

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F				Yes	2-20 1922

What bactericidal solution was used in eyes? Ag NO3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Mik Varkas	FULL MAIDEN NAME	Sermo-Regas
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Greece	BIRTHPLACE	Greece
OCCUPATION	Candy Maker	OCCUPATION	H & W

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 930 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. S. Lukens

(Physician or midwife)

Address Boise

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 5-3 1922 [illegible]

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1949

MAY 2 1949

719-219-001-856

PLACE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98971

County of Ada

City of Boise

No. 1709-No 13th St.

Registration District No. _____ File No. _____

Hospital _____ Primary Registration District No. _____ Registered No. 96

FULL NAME OF CHILD Geraldine Parker
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	2 - 19 1922

What bactericidal solution was used in eyes? Cyrus

Number of child of this mother, including present birth One Number of child of this mother now living, including present birth One

FATHER		MOTHER	
FULL NAME	Raeburn A. Parker	FULL MAIDEN NAME	Rose Heffner
RESIDENCE	1709 No 13th St. Boise	RESIDENCE	1709-No 13th St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Pierce Nebr.	BIRTHPLACE	Boise Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Litus

Boise
(Physician or midwife)

Give names added from a supplemental report.

_____, 19____

_____
Registrar.

Address _____

Filed 3-13 1922 R. H. Craft
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 8 '95

DECEASED

213-118'00-356

PLACE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98972

County of Ada

City of Boise

No. 2515 Madison St.

Registration District No. _____ File No. _____

Hospital _____ Primary Registration District No. _____ Registered No. 15

FULL NAME OF CHILD Lewis Ballinger,
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Feb. 18 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Fred Ballinger	FULL MAIDEN NAME	Mary Leonard
RESIDENCE	2515 Madison St., Boise, Idaho	RESIDENCE	2515 Madison St., Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Iowa	BIRTHPLACE	Texas
OCCUPATION	Coach Cleaner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:07 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Give names added from a supplemental report.

Address Boise, Idaho

Filed 3-13 1922 R. H. Craft
Registrar.

_____, 19____

_____
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 23 1941

438-02-004-251

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

98973

County of Ada

City of Boise

No. 1315 State St.

Hospital

Registration District No. ____ File No. ____

Primary Registration District No. ____ Registered No. 94

FULL NAME OF CHILD Ted Donald McHugh

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				yes	3 (Month) 2 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME T J McHugh	FULL MAIDEN NAME Ida M. Beaton
RESIDENCE Boise, Ida	RESIDENCE Boise, Ida
COLOR White	AGE AT LAST BIRTHDAY 57 (Years)
BIRTHPLACE Canada	COLOR White
OCCUPATION Contractor	AGE AT LAST BIRTHDAY 33 (Years)
	BIRTHPLACE Wis.
	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:00 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D P Higgs M D

(Physician or midwife)

Given names added from a supplemental report. ____ 19____

Address 402 Idaho Bldg, Boise, Ida

Filed 3-7 1922

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 11 1952

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana }
County of Missoula } ss.

SEP 21 1942

Certificate No. 98973

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Mc Hugh (Name on Original Certificate) who was born (Was Born or Died) on March 7, 1942 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Certificate (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed McHugh	Ted Donald McHugh

Subscribed and sworn to before me this 18th
day of September, 1942
Rudolph Jacobs
Notary Public, residing at Missoula, Mont
My commission expires July 7, 1945
(Seal)

Signed Mrs T J McHugh
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
300 Nelson Bldg Missoula, Mont
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Missoula }
County of Montana } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th
day of September, 1942
Rudolph Jacobs
Notary Public, residing at Missoula, Mont
My commission expires July 7, 1945
(Seal)

Signed James C Howard
(Signature of Any Credible Person Other Than Previous Year)
824 Locust St. Missoula
(Street Address, City, State) Mont.

SEP 2 3 194.

SEP 11 1952

363-102 1001-719

PLACE OF BIRTH

RECEIVED
APR 5 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98974

County of Ada

City of Boise

No. 1129 1/2 River St.

Hospital —

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. 13

FULL NAME OF CHILD John Lott
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	—	yes	March 2nd 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% sol. silver nit.

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Frank Lott	FULL MAIDEN NAME	Amy Tarnet
RESIDENCE	1129 1/2 River St.	RESIDENCE	1129 1/2 River St
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Iowa	BIRTHPLACE	Wis.
OCCUPATION	Laborer	OCCUPATION	Hwife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 8 10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mather
(Physician or midwife)

Address 317 Overland Bldg. Boise

Filed _____ 192__ _____ Registrar.

Give names added from a supplemental report.

_____, 19__

_____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-201-001-345

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 5 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Ada
City of Boise
No. 618 So 17 St.
Hospital

Registration District No.
Primary Registration District No.

File No. 98975
Registered No. 92

FULL NAME OF CHILD Aurora Macias
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fe		yes	3 1 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Zeferino Macias	FULL MAIDEN NAME	Rallis Luebaur
RESIDENCE	618 So 17	RESIDENCE	618 So 17
COLOR	N. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	N. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pettengill
Physician
(Physician or midwife)

Address Overland Bldg Boise

Filed 3 - 7 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

"ERAL REASONS WHY A [illegible] CHILD
CHILD AND THE [illegible]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Boise
- Street: 618 South 17
- County: Ada

File Number: 98975

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Mar 1st 1922

Father: Zeferino Macias
Full Name

Mother: Hayes Luchen
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Aurora Macias
Child's Name in Full

Zeferino Macias
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

128-115-001-417

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98976

County of

City of Boise

No. 1805 N-11 St.

Registration District No.

File No.

Hospital

Primary Registration District No.

Registered No. 91

FULL NAME OF CHILD Ashley (John Daniel)
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	6	Yes	2 15 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Ashley Arthur E	FULL MAIDEN NAME	Maxwell Mabel BELL
RESIDENCE	1805 N-11-Boise	RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Baltic Conn.	BIRTHPLACE	Julia. Mine
OCCUPATION	Sign painter	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas V. Genoway
(Physician or midwife)

Address Overland. Boise

Filed 3-13 1922 R. H. Cratt
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

A CERTIFICA

Dup of 1922-21433

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise Idaho

Street: 1815 N. 11th

County: Ada

File Number: 98976

Registration Dist. No.:

Date of Birth: February 15 1922.

Sex of Child: Male

Father: Arthur E. Ashley
Full Name

Mother: Mabel Bell Maxwell
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

John Daniel Ashley
Child's Name in Full

Mrs A. E. Ashley
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

653-113-001-853

PLACE OF BIRTH [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

APR 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Registration District No. ..... File No. 98977

Hospital St Alph.

Primary Registration District No. ..... Registered No. 90

FULL NAME OF CHILD Wilford Francis Wetzel
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	2-13 1922

What bactericidal solution was used in eyes? Aq No 3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Jack Wetzel	FULL MAIDEN NAME	Rose M Yechout Yechout
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Gorham Valley Idaho	BIRTHPLACE	Hemingford Neb.
OCCUPATION	Rancher	OCCUPATION	H W

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1:10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Litus

[signature]
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed 3-13 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/13/41/ EA

[redacted]

849-208'001-867

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Lukes

Registration District No. .....

File No. 98978

Primary Registration District No. .....

Registered No. 89

FULL NAME OF CHILD Maxine Quinter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Feb. (Month) 8 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Alvin S. Quinter	FULL MAIDEN NAME Maude Hopkins Quinter
RESIDENCE Boise Idaho	RESIDENCE Boise Idaho
COLOR White AGE AT LAST BIRTHDAY 42 (Years)	COLOR White AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Washington DC	BIRTHPLACE Washington DC
OCCUPATION Clerk	OCCUPATION

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 6 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James H. Quinter

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise Idaho

Registrar

Filed 3 13 1922 R. H. Grall Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1942

275-120-001-364

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 98979

County of Ada

City of Boise

No. 532 S 15 St.

Hospital

Registration District No.

Primary Registration District No.

Registered No. 88

FULL NAME OF CHILD Whalen Buck S Spencer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	2-20-1922

What bacterieidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	M. N. Spencer	FULL MAIDEN NAME	Maude Joseph Tomason
RESIDENCE	532 S 15	RESIDENCE	532 S 15
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Colo.	BIRTHPLACE	Utah
OCCUPATION	Engine man	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4.20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Tolen Buck
(Physician or ~~midwife~~)

Address Boise Ida

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 3-7 1922 R. A. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

635-119-001-415

PLACE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 2708 E. Bannock

Registration District No. _____ File No. 98980

Hospital _____ Primary Registration District No. _____ Registered No. 87

FULL NAME OF CHILD Walter Gail Fletcher
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	2 – 19 192 2

What bactericidal solution was used in eyes? Credis Solution

Number of child of this mother, including present birth _____ Number of child of this mother now living, including present birth _____

FATHER		MOTHER	
FULL NAME	Sam M Fletcher	FULL MAIDEN NAME	Evelyn J Davis
RESIDENCE	2708 Bannock	RESIDENCE	2708 Bannock
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Wis.	BIRTHPLACE	Ida
OCCUPATION	Repair Man	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bank
(Physician or midwife)

Address Boise Ida

Filed 3-7 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

_____, 19____

_____
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-106-001-813

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Kuna

Registration District No. 124

File No. 93981

No. K.F.W. No 1 St.

Primary Registration District No. 2202

Registered No. 117

Hospital

FULL NAME OF CHILD Laurence F. Corey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			2	yes	1 — 6 — 22

FATHER

FULL NAME: Curtis W Corey

RESIDENCE: Kuna

COLOR: W

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Edith Hall

RESIDENCE: Kuna

COLOR: W.

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Wisconsin

OCCUPATION: House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.35 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Dr H. C. Robinson

Physician

(Physician or midwife)

Address 1317 4th St S Nampa

Filed 2-27 19 22

Registrar

WRITE PLAINLY WITH PEN AND INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

612-211-001-748

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98982

County of Ada

City of Kuna

No. ..... St.

Hospital .....

Registration District No. 124 File No. 3

Primary Registration District No. 2202 Registered No. 118

FULL NAME OF CHILD Anna Elizabeth Merle Washemberger
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Jan 11 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	James S. Washemberger	FULL MAIDEN NAME	Mary Elena Guymon
RESIDENCE	Kuna	RESIDENCE	Kuna
COLOR	White. AGE AT LAST BIRTHDAY 42 (Years)	COLOR	White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Farmer.	OCCUPATION	H. Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:35 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. S. Fink M.D.

M.B.
(Physician or midwife)

Address Nampa Idaho

Filed 2-27 1922 Mr Wm Stevens
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 21 1945

JAN 11 1957

799-220-00-695

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 98983

County of Ada

City of Kuna

No. SBU Registration District No. 124 File No. 3

Hospital Primary Registration District No. 2202 Registered No. 119

FULL NAME OF CHILD Pauline Lowell Price.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl.		Yes.	Jan. 20 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Irving Price.	FULL MAIDEN NAME	Beulah Bell Wimmer
RESIDENCE	Kuna	RESIDENCE	Kuna
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Missouri.	BIRTHPLACE	Kansas
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. at 9:20 P. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) M. S. Fink M.D.
M.D.
(Physician or midwife)

Address Nampa Idaho

Filed 2-27 1922 Nellie Stevens
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 14 1971

719-123-001-319

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98988

County of Ada.

City of

No. St.

Hospital

Registration District No. 124 File No. 4

Primary Registration District No. 2202 Registered No. 123

FULL NAME OF CHILD Armil Merl Garner.

Sex of Child Male, Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) Legitimate? Yes. Date of Birth 1 (Month) 23 (Day) 1922 (Year).

FATHER		MOTHER	
FULL NAME	Eugene E Garner.	FULL MAIDEN NAME	Rosa Larson.
RESIDENCE	Kuna, Idaho.	RESIDENCE	Kuna, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wn.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	House wife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7.00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician. (Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Kuna, Idaho.

Filed 3 - 6 1922 [signature]

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 3-6-59

PLACE OF BIRTH

294-218-001-493

County of Ada

City of Kuna

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 124 File No. 98989

Primary Registration District No. 2202 Registered No. 125

FULL NAME OF CHILD Maxine Lavetra Bruno

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	1 - 18, 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Emmett Lee Bruno	FULL MAIDEN NAME: Alma Miller
RESIDENCE: Kuna, Idaho	RESIDENCE: Kuna, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 17 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Denmark
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1:35 A.M. on the date above stated.

(Signature) F.J. Coleman

Physician (Physician or midwife)

Address Kuna, Idaho

Filed 3 - 6 1922 W.C. Stevens Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

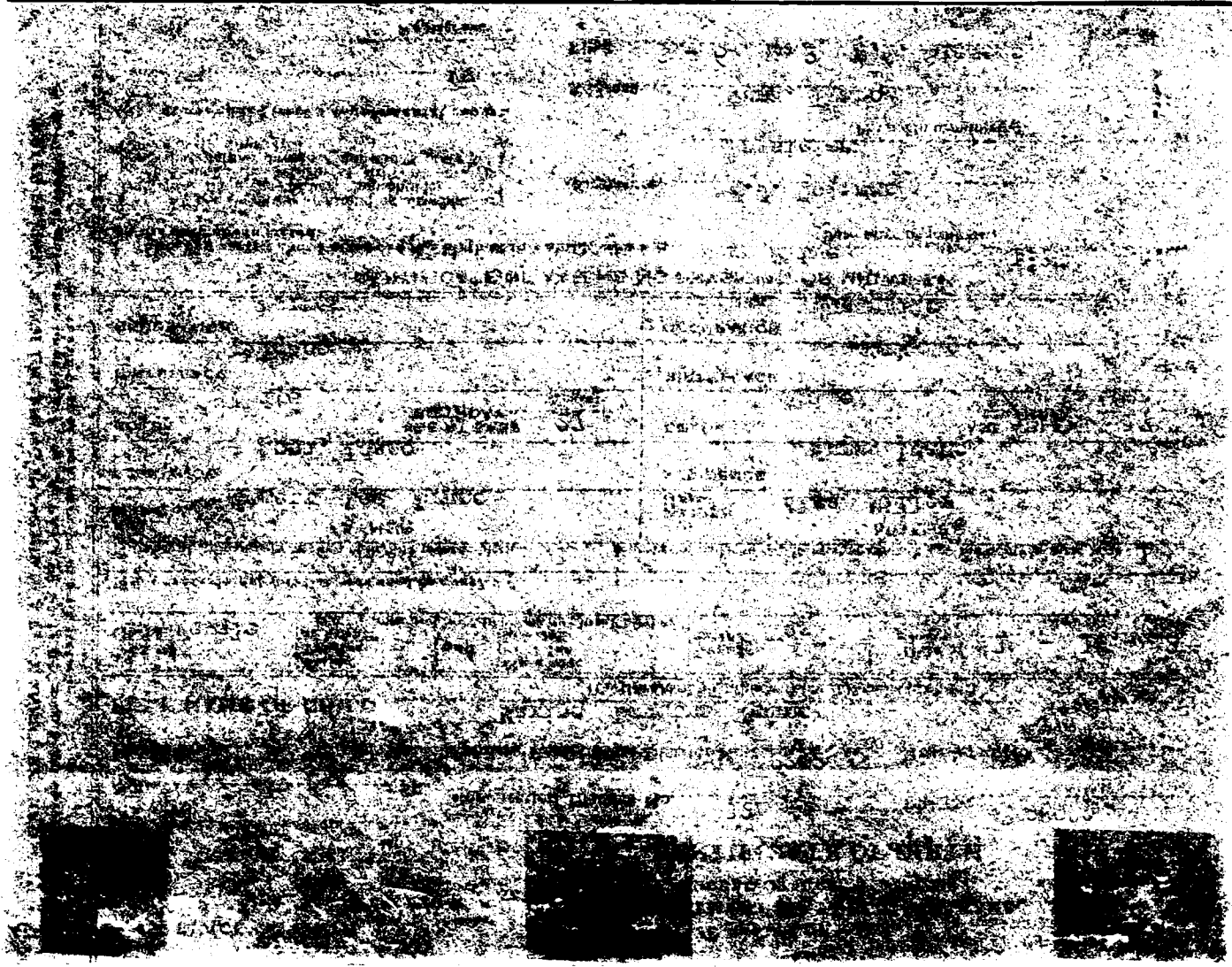
Give names added from a supplemental report.

....., 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Own Child's Birth Cert. on File, #358352 gives name as Maxine Lavetra Bruno, born in Kuna, Idaho - viewed by V.S. App. for Social Security, May 20, 1946 gives name as Maxine Lavetra Bruno, born in Kuna, Idaho to Emmett Lee Bruno and Alma Miller - #518-30-1191 - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Valley

Another's Child's Birth Cert. on File #130578 gives parents names as Emmett Lee Bruno and Alma Miller - viewed by V.S.

Certificate No. 98989

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Maxine Laveta Bruna (Name on Original Certificate) who born (Was Born or Died) on 1-18-1922 (Date of Event)

in Ada County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Social Sec. Application, Birth Record (Bible Record, Insurance Policy, Etc.) prepared on May 21 1946 Sept 6-1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth-Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Maxine Laveta Bruna	Maxine Laveta Bruno (LAVETRA)
Father's Last Name	Bruna	Bruno
Mother's Name	Alma Muler	Alma Miller
Child's Birthplace	not given	Kuna

Subscribed and sworn to before me this 18th day of April, 19 58

Notary Public, residing at McCall, Idaho
My commission expires 8-28-61
(Seal)

Signed Emmett Lee Bruno
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

McCall, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Valley } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of April, 19 58

Notary Public, residing at McCall, Idaho
My commission expires 8-28-61
(Seal)

Signed Blake Hancock
(Signature of Any Credible Person)

New Meadows, Idaho
(Street Address, City, State)

FORM DPH 55.155

NNCL 4-8-58 1 copy paid

234-225-001-893

PLACE OF BIRTH

RECEIVED
MAR 31 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Ada

City of Star

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

98990

Registration District No. 9 & 10 File No. 16

Primary Registration District No. ..... Registered No. 4

FULL NAME OF CHILD Irene Kate Sturgeon,
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F M		yes	2-25-1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Irvin K. Sturgeon	FULL MAIDEN NAME	Nellie May Nicks
RESIDENCE	Mis Star Idaho	RESIDENCE	Star Ida
COLOR	W. AGE AT LAST BIRTHDAY 47 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Old Hall M
(Physician or midwife)

Address Star Idaho

Give names added from a supplemental report.

....., 19....

Orville Jackson
Eagle Idaho Registrar.

Filed Mch. 15 1922

Orville Jackson
Eagle Idaho Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 30 1955

454-206.003-419

PLACE OF BIRTH

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98991

County of Bannock
City of Pocatello
No. ..... St.
Hospital General

Registration District No. 28 File No. 74
Primary Registration District No. 2161 Registered No. 4211

FULL NAME OF CHILD Edna Elizabeth Dempster
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
fr		yes	1-6-1922

What bactericidal solution was used in eyes? agno3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Fredrick Edw Dempster	FULL MAIDEN NAME	Amanda May Dailey
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Kansas	BIRTHPLACE	Olka
OCCUPATION	R R. clerk	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7.15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Kay M D
(Physician or midwife)

Address Pocatello Idaho

Filed 3/1 1922 J R Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3 1946

OCT 21 1949

JUN 8 1942

[redacted]

572-208'003-255

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 20 1922
DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98992

County of Bannock
City of Pocatello
No. 836 W Hayden
Registration District No. 28 File No. 74
Hospital
Primary Registration District No. 2161 Registered No. 4212

FULL NAME OF CHILD Eunice EGBERT
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
fr		yes	1-8 1922

What bactericidal solution was used in eyes? Ag No 2

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Herbert H Egbert	FULL MAIDEN NAME	Lydia Bennett
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello Idaho

Filed 3/1 1922 J H Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-2091003-255

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

98993

County of Bannock

City of Pocatello

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. ..... St. Registration District No. 28 File No. 76

Hospital St Anthony Primary Registration District No. 2161 Registered No. 4213

FULL NAME OF CHILD Helen Marie Brennan
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
fr		yes	1-9 1922

What bactericidal solution was used in eyes? Ag NO 3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Thos Brennan	FULL MAIDEN NAME	Leonilla Benoit
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	wh AGE AT LAST BIRTHDAY 31 (Years)	COLOR	wh AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Minn.
OCCUPATION	Hardware Clerk	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 15 M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Kay MD
(Physician or midwife)

Address Pocatello Idaho

Filed 3/1 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

268-112-003-225

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital General

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98994

Registration District No. 28 File No. 74

Primary Registration District No. 214 Registered No. 4214

FULL NAME OF CHILD Edward Frances Bohrer
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	1-17-1922

What bactericidal solution was used in eyes? Argo 3%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Charles H Bohrer	FULL MAIDEN NAME	Hanna Maria Spence
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Nebr	BIRTHPLACE	Iowa
OCCUPATION	Lumberman	OCCUPATION	housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 3.45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J C Kay MD

(Physician or midwife)

Address Pocatello Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 3/1 1922 J H Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 3 1962

APR 1 4 1967

818-117-003-236

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 509 S. 7th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 76 98995

Primary Registration District No. 2161 Registered No. 4215

FULL NAME OF CHILD Richard Wilbur Hayes.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Jan. 17 1922

FATHER		MOTHER	
FULL NAME	William Lorenzo Hayes	FULL MAIDEN NAME	(Gene Scott) Hayes
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Pocatello	BIRTHPLACE	Carthage, Ill.
OCCUPATION	Game Warden.	OCCUPATION	hwf.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive alive at 10:45 P.M. on the date above stated.
(Born alive or stillborn)

(Signature) A. M. Newton

(Physician or midwife)

Address Pocatello Ida

Filed 3/1 19 22 [signature] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 1942

JUN 20 1947

AUG 29 1951

381-221-003-955

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 98996

County of Bannock

City of 2½ Miles So Pocatello

No. ..... St.

Registration District No. 28 File No. 76

Hospital Home

Primary Registration District No. 2161 Registered No. 4216

FULL NAME OF CHILD Floria Vernetta Thacker
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	Jan. 21 1922

What bactericidal solution was used in eyes? Boracic Acid

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Dickerson Clarence Thacker	FULL MAIDEN NAME	Floria Valentine Reece
RESIDENCE	2½ Miles So. of Pocatello	RESIDENCE	2½ Miles So. of Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Fairmont West Va.	BIRTHPLACE	Havelock Iowa
OCCUPATION	Farming	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird
Midwife
(Physician or midwife)

Address 413 So. 4th Ave.

Filed 3/1 1922 J. Young Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-229-1003-279

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

98998

RECEIVED MAR 20 1922 VITAL STATISTICS STATE OF IDAHO

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St. Registration District No. 28 File No. 74

Hospital General Primary Registration District No. 216/ Registered No. 4218

FULL NAME OF CHILD Geraldine Marie Bullis

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet — or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	1-29 1922

What bactericidal solution was used in eyes? Arg. NO3 - 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Edwin Clark Bullis	FULL MAIDEN NAME	Hilda Spray
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Oregon
OCCUPATION	Train Dispatcher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M.D.

Physician

(Physician or midwife)

Address Pocatello

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 3/1 1922 [illegible]

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]AL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
CHILD AND TH[illegible] [illegible]ETED [illegible]

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pocatello Ida

Street: 756 West Clark

County: Bannock

File Number: 98998

Registration Dist. No.:

Date of Birth: Jan 30 192 2

Sex of Child: Female

Father: Edwin Clark Bullis (Full Name)

Mother: Nicka (Spray) Bullis (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Geraldine Marie Bullis
Child's Name in Full

E C Bullis
Signature of Father or Mother

OVER

and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

Amended 10-26-71

PLACE OF BIRTH

962-229 003-168

RECEIVED MAR 30 1922 VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98999

County of Bannock

City of Pocatello

No. 1740 Taft St.

Registration District No. 28 File No. 74

Hospital

Primary Registration District No. 2161 Registered No. 4219

FULL NAME OF CHILD Glenn Robinson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	1-29-1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Nathan O Robinson	FULL MAIDEN NAME	Abby Johnson
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Mexico
OCCUPATION	R.R. brakeman	OCCUPATION	housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2.30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Pocatello Idaho

Filed 3/1 1922 J H Young

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-22-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
OCT 22 1971
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 98999

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ilene Robinson (Name on Original Certificate) who was born (Was Born or Died) on Jan 29, 1922 (Date of Event)
in Poctello (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's name	Abbey Johnston	Abby Johnson
Mother's birthplace	Neb.	Mexico
Father's birthplace	Kans	Utah

Subscribed and sworn to before me this 22 day of October, 19 71

Florence Burtright

Notary Public, residing at Boise

My commission expires 4-20-71

(Seal)

Signed Ellafaire Foster
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

507 Maple - Nampa
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Ellafaire Foster
(Signature of Any Credible Person)

507 Maple Nampa
(Street Address, City, State)

FORM DH 60-155

V

OCT 26 1971

Family Church Record lists mother's name as Abby Johnson. Issued by L.D.S. Church, Ward Clerk, J. Ray Foster. Recorded 1913
Viewed by V.S.

A brother's certificate on file Idaho , # 72189 gives name of mother as Abby Johnson. Child born Sept. 1, 1919
Viewed by V.S.

photocopy of church membership record, LDS Church, gives Abby Johnson Kendrick Robinson Gooch born Jan. 22, 1888 in Colonia Diaz, Chihuahua, Mexico and daughter Ilene Robinson born January 29, 1922 in Pocatello, Idaho. Abby was blessed Apr. 6, 1888. -- Viewed by VS

brother's birth certificate # 72189 gives birthplace of mother as Mexico and birthplace of father as Utah

Photocopy of LDS Church Certificate of Membership for father gives Nathan O. Robinson born March 8, 1874 in Mt. Green, Weber County, Utah earliest date on record is December 15, 1917. -- Viewed by VS.

289-130-003-213

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

99000

CERTIFICATE OF BIRTH

RECEIVED
JAN 1922
VITAL STATISTICS

County of Bannock
City of Pocatello
No. 222 So. 2nd St. Registration District No. 28 File No. 76
Hospital Home Primary Registration District No. 2161 Registered No. 4220.

FULL NAME OF CHILD Tashimaka Shibata
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Jan. 30 1922

What bactericidal solution was used in eyes? Boracic Acid

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Ichiji Shibata	FULL MAIDEN NAME Haka Katayama
RESIDENCE	222 So. 3rd Ave.	222 So. 3rd Ave.
COLOR	Japanese	Japanese
AGE AT LAST BIRTHDAY	26 (Years)	22 (Years)
BIRTHPLACE	Japan	Japan
OCCUPATION	Common labor	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird
Midwife
(Physician or midwife)

Address 413 So. 4th Ave.

Filed 3/1 1922 J. H. Young Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293-201-003-145

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

99001

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 76

Hospital General

Primary Registration District No. 2161 Registered No. 4221

FULL NAME OF CHILD DONA Beth Killian

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
fr		yes	2-1-1922

What bactericidal solution was used in eyes? Ag no 3.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Glen Killian	FULL MAIDEN NAME	May Ames
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	Wh. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	wh AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Butcher	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5.30 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD

(Physician or midwife)

Address Pocatello Idaho

Give names added from a supplemental report.

....., 19....

Registrar.

Filed 3/1 1922 J W Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of [redacted} ss.
County of Twin Falls

Certificate No. 99001

JUN 23 1943

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Beth Killian (Name on Original Certificate) who was Born (Was Born or Died) on Feb 1 — 1922 (Date of Event)
in Pocatello Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Corroborated by Blessing (Bible Record, Insurance Policy, Etc.) prepared on May 7 — 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Beth	~~Dona~~ Beth Killian

Subscribed and sworn to before me this 21 day of June, 19 43

Notary Public, residing at Buhl Ida.

My commission expires July 30 — 1944
(Seal)

Signed Mae L. Ames Killian
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

506 S. Broadway Buhl Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of June, 19 43

Notary Public, residing at Buhl Ida.

My commission expires July 30 — 1944
(Seal)

Signed Allen Killian
(Signature of Any Credible Person Other Than Previous Year)

506 S. Broadway Buhl Ida.
(Street Address, City, State)

JUN 25 1943

JUL 30 1943

213-202-1003-699

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

99002

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 77

Hospital Pocatello Gen'l Primary Registration District No. 2161 Registered No. 4222

FULL NAME OF CHILD Betty Jeanne Bale
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	7 2 1922

What bactericidal solution was used in eyes? 20 % arg prot sol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Lewis I Bale	FULL MAIDEN NAME	Gladys Ellen Wright
RESIDENCE	Pocatello Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ogden, Utah
OCCUPATION	Mechanical Dentist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 7 40 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address Pocatello - Ida

Filed 3/1 1922 [signature] Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO

T OF PUBLIC WELFARI

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Pocatello
- Street: General Hospital
- County: Bannock

File Number: 99002

Registration Dist. No. .....

Date of Birth: Feb. 3 1922

Sex of Child: Female

Father: Lewis Israel Bale
Full Name

Mother: Gladys Ellen Wrig
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Betty Jeanne Bale.
Child's Name in Full

Mrs Lewis I Bale.
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

962.104.003-697

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

99003

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 77

Primary Registration District No. 2161 Registered No. 4223

FULL NAME OF CHILD George Leslie Robinson (LESLIE GEORGE)
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	2-4-1922

What bactericidal solution was used in eyes? ag no 3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	George J Robinson	FULL MAIDEN NAME	Lelia E Wilkinson
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	R.R. shops	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) 89 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S Ray MD
(Physician or midwife)

Address Pocatello Idaho

Filed 3/1 1922 J R Young Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock } ss.

Certificate No 99003

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Leslie George Robinson (Name on Original Certificate) who was born (Was Born or Died) on February 4, 1922 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	George Lester	(Leslie George Robinson)
Mother's birthplace	Oregon	(Idaho)

Subscribed and sworn to before me this 10th day of March, 1943

Grace Bystline
Notary Public, residing at Pocatello, Idaho
My commission expires Aug. 3- 1945
(Seal)

Signed Mrs Lelia Edna Robinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 1 South Pocatello Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bannock } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of March, 1943

Grace Bystline
Notary Public, residing at Pocatello, Idaho
My commission expires Aug. 3- 1945.
(Seal)

Signed Lee Griffin
(Signature of Any Credible Person Other Than Previous Year)
225 Wilson Pocatello Idaho
(Street Address, City, State)

MAR 12 1943

MAR 13 1943
MAR 23 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Bannock }

JUN 20 19[illegible]

Certificate No. 99003
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth. (Birth or death)
for George Leslie Robinson (Name on original certificate) who was born (Was born or died) on February 4, 1922, (Date of event)
in Pocatello, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Marriage Certificate (Bible record, insurance policy, etc.) prepared on November 4, 1939 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name of Mother	Lelia Amurser	Lelea Wilkinson

Subscribed and sworn to before me this 17th day of June, 1941.

[illegible]
Notary Public, residing at Pocatello Ida.
My commission expires 8-1-41
[SEAL]

Signed Lelea Wilkinson Robinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Route #1 Pocatello Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Bannock }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of June, 1941.

[illegible]
Notary Public, residing at Pocatello
My commission expires 8-1-41
[SEAL]

Signed J E Wallace
(Signature of any credible person other than the previous affiant)
Pocatello, Idaho
(Street Address, City, State)

Received for filing on by

DEC 28 1942

285-204.003-955

PLACE OF BIRTH

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

99004

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 77

Hospital General Primary Registration District No. 2161 Registered No. 4224

FULL NAME OF CHILD Helen Marie Sheffield
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—		—	yes	2 - 4 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag NO_3 - 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth V

FATHER		MOTHER	
FULL NAME	Franklin Sheffield	FULL MAIDEN NAME	Rachel Reese
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address Pocatello

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 3/1 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 2 2008

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pocatello Idaho — Street: 522 no main St — County:

File Number: 99004

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Feb 4 1922

Father: Franklin Glen Sheffield (Full Name)

Mother: Rachel Rees (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Helen Maria Sheffield

Child's Name in Full

Mrs. F. G. Sheffield

Signature of Father or Mother

OVER

914-105-003-855

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 99006

County of Bannock

City of Pocatello

No. 1053 N 9 ave St. Registration District No. 28 File No. 77

Hospital Primary Registration District No. 2161 Registered No. 2226

FULL NAME OF CHILD [redacted] Penrose (Newney) Radley,
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy		yes	2-5-1922

What bactericidal solution was used in eyes? agno3 1%

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	James N Radley.	FULL MAIDEN NAME	Margaret alice Kenney.
RESIDENCE	Pocatello.	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	England.	BIRTHPLACE	England
OCCUPATION	Shoemaker	OCCUPATION	housf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Young

Phys (Physician or midwife)

Address Pocatello 2dg

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 3/1 1922 J R Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 10 1946

MAR 21 2007

315-207.003-199

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED 1922 VITAL STATISTICS

CERTIFICATE OF BIRTH

99007

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 77

Hospital ..... Primary Registration District No. 2161 Registered No. 4227

FULL NAME OF CHILD Victoria Landa
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
fr		Yes	2-7-22 192

What bactericidal solution was used in eyes? AgNo 2

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Landa	FULL MAIDEN NAME	Claudia Arrzabala
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Boarding & Lodging house	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8:50 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Ray M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Pocatello, Idaho

Filed 3/1 1922 J. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-108-003-993

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99008

County of Bannock
City of Pocatello
No. 825 W Wyeth St. Registration District No. 28 File No. 77
Hospital Primary Registration District No. 2161 Registered No. 4228

FULL NAME OF CHILD George W Larsen Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy		yes	2-8 192

What bactericidal solution was used in eyes? agno 3%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Geo W Larsen	FULL MAIDEN NAME	Angelina Richardson
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Denmark	BIRTHPLACE	Idaho
OCCUPATION	machinist	OCCUPATION	hwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Young
(Physician or midwife)

Address Pocatello

Filed 3/1 1922 J H Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 1945

365-109-003-168

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99009

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 77

Hospital Pocatello Gen'l Primary Registration District No. 2161 Registered No. 4229

FULL NAME OF CHILD ~~Raymond~~ OWEN Jay Cone
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	7/9 1922

What bactericidal solution was used in eyes? 20% argyrol sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Charles Ernest Cone	FULL MAIDEN NAME	Victoria Johnson
RESIDENCE	Pocatello Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Carthage, Mo.	BIRTHPLACE	Evansville, Minn.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 4 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address Pocatello Ida

Filed 3/1 1922 [signature] Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 6 1962

FEB 1 8 1976

349-210-603-765

PLACE OF BIRTH

RECEIVED MAR 25 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99010

County of Bannock

City of Pocatello

No. ____ St.

Registration District No. 28 File No. 77

Hospital Pocatello Sanit. Primary Registration District No. 2161 Registered No. 4230

FULL NAME OF CHILD Marjorie Turner

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes.	Feb 10 1922

What bactericidal solution was used in eyes? Cr NO3 1 drop 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Percy T. Turner	FULL MAIDEN NAME	Myrtle Lund
RESIDENCE	Grace Idaho	RESIDENCE	Lamar
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive ~~or stillborn~~ at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Young

(Physician ~~or midwife~~)

Address Pocatello

Filed 3/1 1922 J. M. Young

Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

169-211-003-313
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99011

County of Bannock
City of Pocatello
No. 726 E. Hayden St. Registration District No. 28 File No. 77
Hospital Primary Registration District No. 2161 Registered No. 4231

FULL NAME OF CHILD Teresa Luisa Jordan
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	2/11/192 2

What bactericidal solution was used in eyes? argyrol 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Philip Jordan	FULL MAIDEN NAME	Ines Caceca
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Laborer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5-30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Young
(Physician or midwife)

Address Pocatello Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 3/1 192 2 J. R. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-112-003-753

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99012

County of Bannock
City of Pocatello
No. 1009 So. 3rd Ave. Registration District No. 28 File No. 77
Hospital Home Primary Registration District No. 2161 Registered No. 4232

FULL NAME OF CHILD Vernon Arnold Hansen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb 12 1922

What bactericidal solution was used in eyes? Baracic Acid

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Nicholas Hansen	FULL MAIDEN NAME	Pauline Peterson
RESIDENCE	1009 So. 3rd Ave.	RESIDENCE	1009 So. 3rd Ave
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Christania Norway	BIRTHPLACE	Odolen, Norway
OCCUPATION	Common laber	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4:55 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird
Midwife
(Physician or midwife)

Address 419 So. 4th Ave.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 3/1 1922 J. M. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

394-113-003-453

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

99013

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 255 N 7 ave St.

Registration District No. 28 File No. 77

Hospital

Primary Registration District No. 2161 Registered No. 4233

FULL NAME OF CHILD Severino Cimaroli
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	2/13 1922

What bactericidal solution was used in eyes? agno 3 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Angelo Cimaroli	FULL MAIDEN NAME	Assunta Decedis
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	W AGE AT LAST BIRTHDAY 40 (Years)	COLOR	W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	laborer	OCCUPATION	hwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6.30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Young
(Physician or midwife)

Give names added from a supplemental report.

Address Pocatello, Ida

Filed 3/1 1922 J R Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 12 1942

791-114.003-812

PLACE OF BIRTH

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99014

County of Bannock

City or Pocatello, Ida.

No. 132 N. Grant St.

Registration District No. 28

File No. 77

Hospital

Primary Registration District No. 2161

Registered No. 4234

FULL NAME OF CHILD Edward Lynn Grayson

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	2-14-1922

What bactericidal solution was used in eyes? agno3 (%)

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Rufus Milton Grayson	FULL MAIDEN NAME Martha Elizabeth Watkins
RESIDENCE Inkom Ida	RESIDENCE Inkom Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 51 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Bell County Ky.	BIRTHPLACE Bell County Ky.
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) J. A. Lynn

(Physician or midwife)

Address 440 W. Whitman

Filed 3/1 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 2 1943

SEVERAL REASONS WHY A CERTIFICATE OF B
OR EACH CHILD A[illegible] COMPLETED W[illegible]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pocatello Ida.

Street: 132 N. Grant

County: Bannock

File Number: 22014

Registration Dist. No.:

Date of Birth: Feb. 14 1922

Sex of Child: Male

Father: Rufus Milton Grayson (Full Name)

Mother: Martha Elizabeth Hoak (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Edward Lynn Grayson (Child's Name in Full)

Rufus M. Grayson. Martha E. Grayson (Signature of Father or Mother)

D

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

695 — 114. 003 -38-

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99015

County of Bannock
City of Pocatello
No. ____ St.
Hospital General

Registration District No. 26 File No. 17
Primary Registration District No. 2161 Registered No. 4235

FULL NAME OF CHILD Melvin Glenn ~~Wier~~ Wier
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	2 - 14 - 192 2

What bactericidal solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Henry Ray ~~Wier~~ Wier	FULL MAIDEN NAME Dora Chapman
RESIDENCE	Pocatello	RESIDENCE Pocatello
COLOR	W.	COLOR W
AGE AT LAST BIRTHDAY (Years)	22	20
BIRTHPLACE	Ut.	Nebraska
OCCUPATION	Truck Driver	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
Physician
(Physician or midwife)
Address Pocatello
Filed 3/1 192 2 [signature]
Registrar.

Give names added from a supplemental report.

....., 19.....
.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/8/41 Lt B. -

STATE OF CALIFORNIA }
COUNTY OF LOS ANGELES } SS.

On this 25 day of April in the year 19 41, A. D., before me,

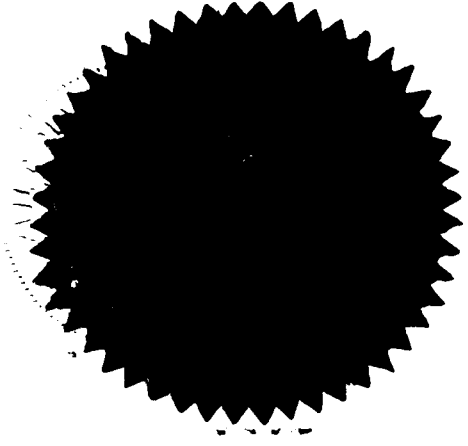
Paul C. Plante a Notary Public in and for said County, residing therein, duly commissioned and sworn, personally appeared

Henry R. Wiex +

Edith Wiex his wife

personally known to me to be the person s whose name s Are subscribed to the within instrument, and acknowledged to me that I he y executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.



Paul C Plante

Notary Public in and for the County of Los Angeles, State of California

My Commission Expires Oct. 11, 1943

April 25, 1941

STATE OF CALIF.)
) SS
COUNTY OF L.A.)

On the 25th Day of April 1941, I, Henry R. Wier, and I, Edith Wier, residing in the above County and State do state as follows:

That on February 14, 1922 at the Pocatello Hospital there was born to us, legally married, a son.

That the attending physician was one Dr. Roberts of same hospital.

That the name given to same son was incorrectly recorded as Melvin Glenn Weir (Weir).

That the name should be recorded Melvin Glenn Wier(Wier) and that this is his true and correct name.

Henry R. Wier
Henry R. Wier

Edith Wier
Edith Wier

PLACE OF BIRTH

367-218-003-249

County of Bannock

City of Pocatello

No. ..... St.

Hospital Pocatello Gen'l

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99016

Registration District No. 23 File No. 77

Primary Registration District No. 2141 Registered No. 4234

FULL NAME OF CHILD Amy Smith Cox
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
X		Yes	7/15 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Geo Thomas Cox	FULL MAIDEN NAME	Amy Smith
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Logan, Utah	BIRTHPLACE	England
OCCUPATION	Insurance Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address Pocatello Ida

Filed 3/1 1922 [signature]
Registrar.

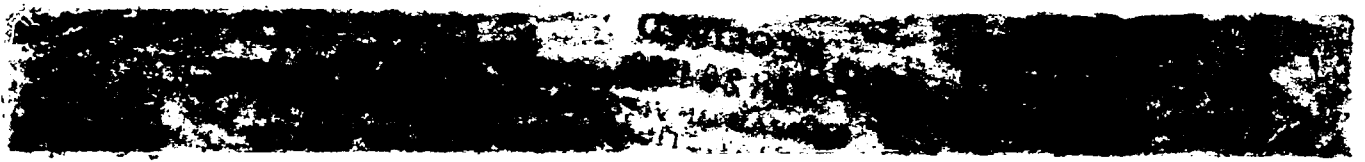
Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



214.215.003-386

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

99017

RECEIVED MAR 2 1922

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 77

Hospital Pocatello Gen'l Primary Registration District No. 2161 Registered No. 4237

FULL NAME OF CHILD Rosemary Samuels
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Feb (Day) 15 (Year) 1922
X		Yes	

What bactericidal solution was used in eyes? 1% Ag NO 3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Joseph Fold Samuels	FULL MAIDEN NAME	Isabel Thornton
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	St Louis, Mo.	BIRTHPLACE	Mo.
OCCUPATION	Insurance	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 5 35 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D M Roy

(Physician or midwife)

Address Pocatello

Filed 3/1 1922 J R Young
Registrar

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ERAL REASONS WHY A C[illegible]ICATE OF [illegible]
[illegible] AND THE [illegible]ETED WIT[illegible]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pocatello; Street: Gen'l Hosp.; County: Bannock

File Number: 99017

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Feb. 15, 1927

Father: Joseph Falk Samuels (Full Name)

Mother: Isabel Thornton (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Rosemary Samuels - no middle name
(Child's Name in Full)

Jos. F. Samuels
Signature of Father or Mother

OVER

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

318-015-003-644

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

99018

CERTIFICATE OF BIRTH

RECEIVED MAR 26 1922

County of Bannock
City of Pocatello
No. 809 So. 10th Ave.
Hospital Home

Registration District No. 28 File No. 77
Primary Registration District No. 2141 Registered No. HZ38

FULL NAME OF CHILD Fern Taylor
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	Feb 15 1922

What bactericidal solution was used in eyes? Boracic Acid

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Arthur James Taylor	FULL MAIDEN NAME Gladys Ada Odd
RESIDENCE 809 So. 10th Ave.	RESIDENCE 809 So. 10th Ave.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Kaysville, Utah	BIRTHPLACE Kaysville, Utah
OCCUPATION O.S.L. Lineman	OCCUPATION Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9.30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird
Midwife
(Physician or midwife)

Address 413 So. 4th Ave.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 3/1 1922

J. H. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

563-216-003-791

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 99019

County of Bannock

City of Pocatello

No. 555 N 6 ave St. Registration District No. 28 File No. 77

Hospital Primary Registration District No. 216 Registered No. 4259

FULL NAME OF CHILD (Fosca) Fosca Volpi.
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	9 16 1922

What bactericidal solution was used in eyes? agno3 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Ariodante Van Volpi	FULL MAIDEN NAME Georgia Graziani
RESIDENCE Pocatello	RESIDENCE same
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 21 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Italy	BIRTHPLACE Italy
OCCUPATION Laborer	OCCUPATION hwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7:30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Young
(Physician or midwife)

Address Pocatello Ida

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 9/1 1922 J. R. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued 3-3-41. E.W.

813-117-003-757

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital St. Anthony

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

99020

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 7 7

Primary Registration District No. 2141 Registered No. 4240

FULL NAME OF CHILD Vernon Millsmen Hall

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	2-17-1922

What bactericidal solution was used in eyes? Arg NO3 1%

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Erwin Racine Hall	FULL MAIDEN NAME	Nana Pease
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Car Repr.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician

(Physician or midwife)

Address Pocatello

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 3/1 1922 [signature]

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC

DECEASED

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pocatello

Street: 15 23 North 2nd

County: Banock

File Number: 99020

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: 17 Feb 192x

Father: Ervin Racine Heall
Full Name

Mother: Marina Celesty Pease
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Vernan Willmer Heall
Child's Name in Full

Ervin R Hall Maria C. Hall
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

265-218-003-796

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BANNOCK

City of POCATELLO

No. 531 West Bonneville

Hospital

Registration District No. 28 File No. 99021

Primary Registration District No. 2161 Registered No. 4241

FULL NAME OF CHILD RUTH ELAINE SWENSON
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	FEB. 18 1922

What bacteriocidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Nels Ludwig Swenson	FULL MAIDEN NAME: Jeannette Elizabeth Prother
RESIDENCE: Eden, Idaho	RESIDENCE: Eden, Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Sandy, Utah	BIRTHPLACE: Mather, Wisconsin
OCCUPATION: farming	OCCUPATION:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) W. D. Madden, M.D.
(Physician or midwife)

Address 312 Carlson Building, Pocatello

Filed March 1 1922 J. R. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

368-119-003-345

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99022

County of Bannock
City of Pocatello
No. ..... St.
Registration District No. 28 File No. 77
Hospital ..... Primary Registration District No. 2161 Registered No. 4242

FULL NAME OF CHILD Chas Cunningham ~~Lloyd~~ Loyd
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
m		yes	2 19 1922

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Howard Dean Loyd	FULL MAIDEN NAME	Margaret Cunningham
RESIDENCE	Pocatello Ida	RESIDENCE	Pocatello
COLOR	white	COLOR	wh
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Tenn
OCCUPATION	R R. employe	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Ray MD
(Physician or midwife)

Address Pocatello Idaho

Filed 3/1 1922 J. Mauna
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 9 1965

493-120-003-695

PLACE OF BIRTH

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

99023

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

Registration District No. 28 File No. 77

Primary Registration District No. 2161 Registered No. 4243

FULL NAME OF CHILD Joe Dicvola
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Feb 20 1922

What bactericidal solution was used in eyes? yes agnos 1%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Praceliano Dicvola	FULL MAIDEN NAME	Delco Inclia
RESIDENCE	200 Block S 1st Ave	RESIDENCE	Same
COLOR	Mexican	COLOR	Mexican
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	~~Laborer~~ Laborer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C W Clark

Physician
(Physician or midwife)

Address Pocatello Ida

Filed 3/1 1922 J Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753.220.003-243

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 23 1922
STATE BOARD OF HEALTH

CERTIFICATE OF BIRTH

99024

County of Bannock

City of Pocatello

No. 425 S. Main St. Registration District No. 28 File No. 77

Hospital Primary Registration District No. 2161 Registered No. 4244

FULL NAME OF CHILD Mary Jane Petty
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Feb 20 1922

What bactericidal solution was used in eyes? 1% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Robert Thomas Petty	FULL MAIDEN NAME	Rose Butler
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Oxford Idaho	BIRTHPLACE	Montpelier Idaho.
OCCUPATION	Train Dispatcher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.69 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers
(Physician or midwife)

Address Pocatello Idaho.

Filed 3/1 1922 J. W. Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

663-220-003-685

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99025

County of Bannock

City of Pocatello

No. 244 So Hayes St.

Registration District No. 28 File No. 77

Hospital

Primary Registration District No. 2161 Registered No. 4245

FULL NAME OF CHILD Verda Wolverton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Feb 20 1922

What bactericidal solution was used in eyes? 1 To Ag NO_3

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Thomas Arvle Wolverton	FULL MAIDEN NAME	Arleen Wheeler
RESIDENCE	244 So Hayes	RESIDENCE	244 So Hayes
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Robin, Idaho	BIRTHPLACE	Clifton, Idaho
OCCUPATION	Locomotive Fireman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello Idaho

Filed 3/1 1922 J. R. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

141-221-003-381

PLACE OF BIRTH

County of Bannock

City of McCammon

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99026

Registration District No. 28 File No. 77

Primary Registration District No. 2161 Registered No. 4246

FULL NAME OF CHILD Ruth Janetta Adams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Feb 21 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lewis Edgar Adams	Buttrey [illegible]
RESIDENCE	McCammon	McCammon
COLOR	White	White
AGE AT LAST BIRTHDAY	32 (Years)	[illegible]
BIRTHPLACE	Oregon	Pocatello Idaho
OCCUPATION	Laborer	Laborers Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3 ..... on the date above stated. (Born alive [illegible])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs W W Lewis

[illegible] or midwife)

Given names added from a supplemental report.

..... 19.....

Address McCammon Idaho

Filed 3/1 1922 J. H. Young Registrar

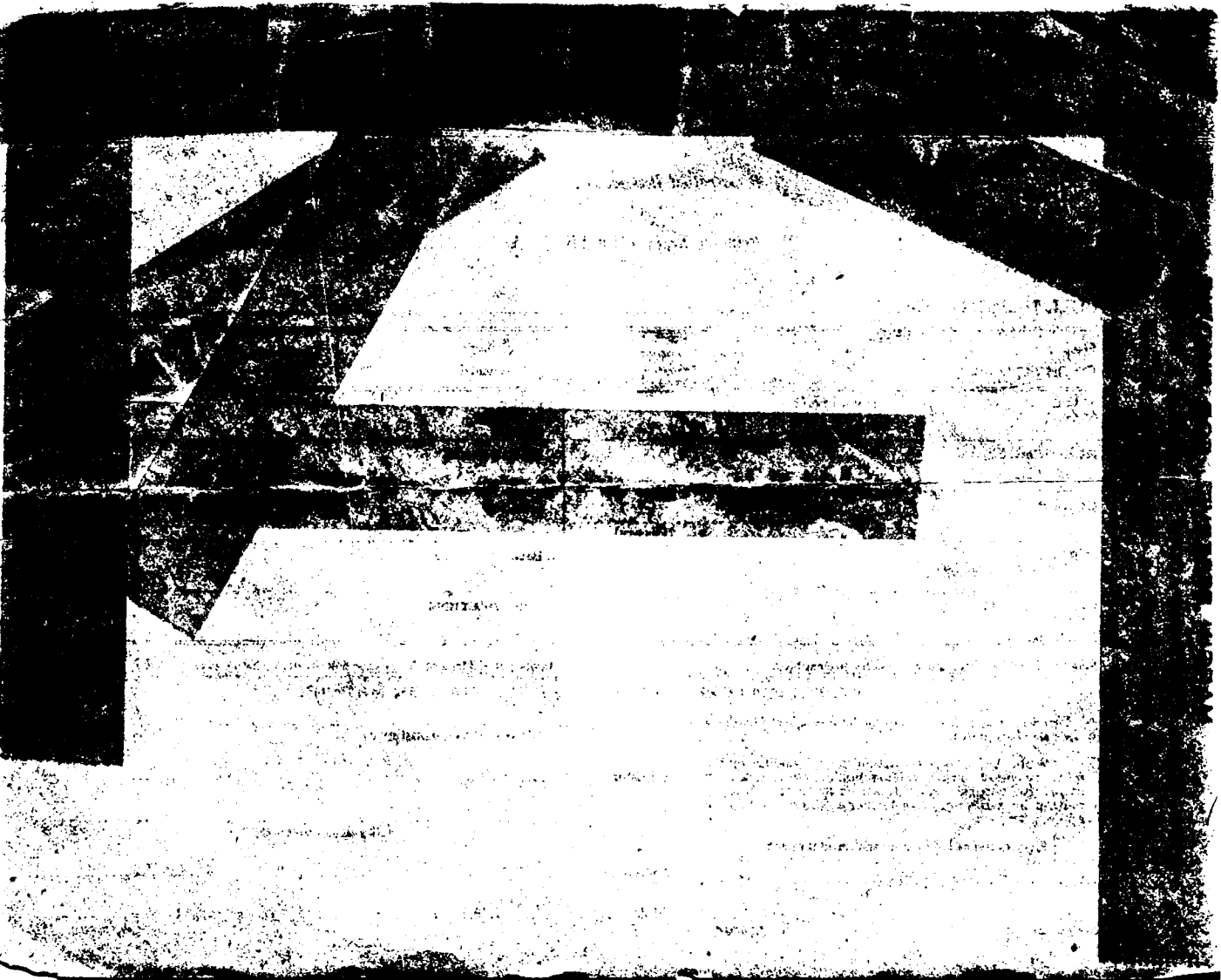
..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



962-222-003-345

PLACE OF BIRTH

RE[redacted]
MAR 20 1922
BU[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99027

County of Bannock

City of Pocatello

No. 102 W. Bridger St.

Registration District No. 28 File No. 77

Hospital Home

Primary Registration District No. 2161 Registered No. 4247

FULL NAME OF CHILD Luella Grace Robinson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	Feb. 22 1922

What bactericidal solution was used in eyes? Boracic Acid

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	William ~~Lester~~ Robinson	FULL MAIDEN NAME	Anna ~~Christine~~ Lunberg
RESIDENCE	102 West Bridger	RESIDENCE	102 West Bridger
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Oakley, Idaho	BIRTHPLACE	Chicago, Ill.
OCCUPATION	Plumbing	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird
Midwife
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

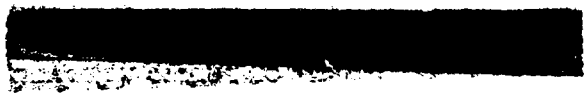
Address 413 So. 4th Ave.

Filed 3/1 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



462-122-003-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

99028

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 840 So. Main St.

Hospital General

Registration District No. 28 File No. 77

Primary Registration District No. 2161 Registered No. 4248

FULL NAME OF CHILD Harry Moss Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
boy		Yes	2/22 1922

What bactericidal solution was used in eyes? agnos 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER		MOTHER
FULL NAME	Harry Moss	FULL MAIDEN NAME	Etta Burtenshaw
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Lief

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Young
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello Ida

Filed 3/1 1922 J R Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 9 1964

265-222-003-195

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 99029

County of Bannock RECEIVED

City of Pocatello

No. 548 N 13 St Registration District No. 28 File No. 77

Hospital Primary Registration District No. 241 Registered No. 4249

FULL NAME OF CHILD Anna Swensen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		yes	2/22/192[illegible]

What bactericidal solution was used in eyes? argyrol 20

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Chris Swensen	FULL MAIDEN NAME Lillie Ainsworth
RESIDENCE Pocatello	RESIDENCE same
COLOR w AGE AT LAST BIRTHDAY 29 (Years)	COLOR w AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Denmark	BIRTHPLACE Wyo.
OCCUPATION Machinist helper	OCCUPATION hwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Young
(Physician or midwife)

Address Pocatello Ida

Filed 3/1 192[illegible] J. P. Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-223-003-844

PLACE OF BIRTH

Amended 4/20/78

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

99030

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. Pocatello Ida St.

Registration District No. 28 File No. 77

Hospital Pocatello Hall Primary Registration District No. 2161 Registered No. 4250

FULL NAME OF CHILD Marjorie Antoinette Lambourne
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
X		Yes	2/23 1922

What bactericidal solution was used in eyes? Argyrol Sol 20%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Frank Lambourne	FULL MAIDEN NAME	Marie Wilmirth Hume
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Salt Lake City, Utah	BIRTHPLACE	Illinois
OCCUPATION	Accountant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 6:30 PM M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Address Pocatello

Filed 3/1 1922 [signature] Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RAL REASONS WHY A CERTIFICATE OF
ACH CHILD AND THE SAME COMPLETED

- - - - - - - - - -

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s legally th

Place of Birth
City .....
Street .....
County .....

File Number .....99030.....

Registration Dist. No. .....

Sex of Child .....Female.....

Date of Birth .....192....

Father .....
Full Name

Mother .....
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

OVER

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

3/22/78

OFFICIAL SEAL
JANET H. EMMONS
NOTARY PUBLIC IN CALIFORNIA
PRINCIPAL OFFICE IN
SANTA CRUZ COUNTY
My Commission Expires March 16, 1979

DEPARTMENT OF HEALTH

VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 4 12 52 PM '78

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of California } ss.
County of Santa Cruz }

Certificate No. 99030

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Lambourne (Name on Original Certificate) who was born (Was Born or Died) on 2/23/22 (Date of Event)
in Pocatello, Id. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Hospital one hour after prepared on 2/27 Marjorie Antoinette Lambourne are:
(Bible Record, Insurance Policy, Etc.) was born on the above date. (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Lambourne	Marjorie Antoinette Lambourne

Subscribed and sworn to before me this 28th day of March, 19 78.

Janet H. Emmons

Notary Public, residing at 9119 Soquel Dr., Aptos, CA

My commission expires 3-16-79

(Seal)

Signed Alfred DeGrade Lambourne
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

420 Simple Cir. Castro Ca 95023
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Sacrament of Holy Baptism from the Trinity Church, Santa Barbara, Diocese, of Los Angeles, Calif. gives name as Marjorie Antoinette Lambourne Grant dated March 24, 1951. viewed by V. S.

APR 20 1973

Scramental Rite of Confirmation from the Trinity Church, Santa Barbara Diocese of Los Angeles, CAlif. dated April 6, 1952. viewed b y V. S.

192-123-003-795

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 20 1922
VITAL

99031

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 111 W Bonneville St. Registration District No. 28 File No. 77

Hospital Primary Registration District No. 2161 Registered No. 4251

FULL NAME OF CHILD Russel William Gibson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy.			yes	2/23/1922

What bactericidal solution was used in eyes? Argyrol 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wm A Gibson	FULL MAIDEN NAME	Roberta Green
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	W. V.	BIRTHPLACE	Idaho.
OCCUPATION	Switchman	OCCUPATION	hsf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9.25 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Young

(Physician or midwife)

Address Pocatello Ida

Filed 3/1 1922 J H Young

Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pocatello Idaho

Street: 111 west Gurley

County: Bannock

File Number: 99031

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Feb 23 1922

Father: William Alvin Gibson (Full Name)

Mother: Roberta Green (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Russel Wilmer Gibson (Child's Name in Full)

William A. Gibson (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THE PERMANENT RECORD. N.B.—In case of twins, triplets, etc., one child at birth a Separate Return must be made for each, and the number of each, in order of birth

City of [redacted] No. [redacted] St [redacted]

CERTIFICATE OF BIRTH 9032

(If born in hospital or institution give name.) Registration District No. 28 State File No.

Prim. Registration District No. 2161 Local Registrar's No. 4[redacted]2

2. FULL NAME OF CHILD LaVaughn May Starcher

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female			Full term	yes	Jan. 24 1922

FATHER	MOTHER
9. Full name: Frank Vaughn Starcher	18. Full maiden name: Ethel May Smith
10. Residence (usual place of abode) (If non-resident, give place and State): Pocatello, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Pocatello, Ida.
11. Color or race: W. | 12. Age at last birthday: 29 (years)	20. Color or race: White | 21. Age at last birthday: 31 (years)
13. Birthplace (city or place) (State or Country): Havensville, OHIO	22. Birthplace (city or place) (State or Country): Salt Lake City, UTAH
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: R.R. Fireman	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Nurse
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: , 19	17. Total time (years) spent in this work:
25. Date (month and year) last engaged in this work: , 19	26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Ag.No.3

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation: months or weeks

30. Cause of Stillbirth: During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 11.10 PM. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) L C Ray M.D., M. D.

or , Midwife

Address Pocatello, Idaho

Filed Mar. 1 1922 J.R. Young Registrar.

MAY 1 6 1945

219-225-003-455

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

99033

CERTIFICATE OF BIRTH

County of Bannock.

City of Pocatello

No. 150 N. 14th St.

Registration District No. 28 File No. 77

Hospital

Primary Registration District No. 2141 Registered No. 4234

FULL NAME OF CHILD Grace Jean Barnard
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Feb 25 1922

What bactericidal solution was used in eyes? 1 To 9 g NO_3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Eugene Laconius Barnard	FULL MAIDEN NAME	Rose Mary Meese
RESIDENCE	150 N 14th Pocatello Idaho	RESIDENCE	150 N. 14th Pocatello Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	American Falls, Idaho	BIRTHPLACE	Cincinnati Ohio.
OCCUPATION	Plumber.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers

(Physician or midwife)

Address Pocatello, Idaho

Filed 3/1 1922 J. R. Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-27-41

NOV 13

819-126-003-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

99034

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 77

Hospital .....

Primary Registration District No. 461 Registered No. 4252

FULL NAME OF CHILD De Alton Wade Hartman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	2-26-1922

What bactericidal solution was used in eyes? Agno 3 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Don Wilson Hartman	FULL MAIDEN NAME	Sarah Edith Burk
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Pa.	BIRTHPLACE	Idaho
OCCUPATION	Druggist	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10.40 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Ray MD
(Physician or midwife)

Address Pocatello Idaho

Filed 3/1 1922 J W Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pocatello

Street: 310 South Arthur

County: Bannock.

File Number: 99034

Registration Dist. No.:

Date of Birth: Feb. 26 1922

Sex of Child: Male

Father: Wilson Donaldson Hartman (Full Name)

Mother: Sarah Edith Burk (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

De Alton Wade Hartman

Child's Name in Full

W. D. Hartman.

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

362-12-2.003-942

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99035

County of Bannock

City of Pocatello

No. 206 So. Lincoln Registration District No. 28 File No. 77

Hospital General Primary Registration District No. 216 Registered No. 4255

FULL NAME OF CHILD Wm Russell Foslon

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	7/27/1922

What bactericidal solution was used in eyes? agnos 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wm Rufus Foslon	FULL MAIDEN NAME	Ida Mae Russell
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Mont.	BIRTHPLACE	Neb.
OCCUPATION	Real Estate.	OCCUPATION	Housf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 07 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J. R. Young

(Physician or midwife)

Address Pocatello Ida

Filed 8/1 1922 J. R. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

643-228-003-259

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

99036

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 756 W Hayden St. Registration District No. 28 File No. 77

Hospital ____ Primary Registration District No. 461 Registered No. 2256

FULL NAME OF CHILD Melva LaRue Fullmer
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (1922)
♀		yes	2/28

What bactericidal solution was used in eyes? argyrol 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Kenneth O Fullmer	FULL MAIDEN NAME	Melva Edith Bergeson
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Car Inspector	OCCUPATION	housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Young
(Physician or midwife)

Address Pocatello Ida

Filed 3/1/1922 J R Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

964-228-003-416

PLACE OF BIRTH

RECEIVED MAR 30 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

99037

CERTIFICATE OF BIRTH

County of ~~Bannock~~ Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 77

Hospital .....

Primary Registration District No. 2161 Registered No. 4257

FULL NAME OF CHILD Luane Roderick
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
fr		yes	2 28 1922

What bactericidal solution was used in eyes? ag no 3 1 % 0

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Elmer H Roderick	FULL MAIDEN NAME	Jenesie Luane Dawson
RESIDENCE	Arbon Ida	RESIDENCE	Arbon
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farm labor	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Ray MD
(Physician or midwife)

Address Pocatello Idaho

Filed 3/1 1922 J H Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689.104.007-255

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ____ St.

Hospital ____

Registration District No. 84 File No. 99039

Primary Registration District No. 2161 Registered No. ____

FULL NAME OF CHILD Thomas Ed Whitworth
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	X (To be answered only in event of plural births)	second	yes	2-4-22 1922

What bactericidal solution was used in eyes? argyrol 20 %

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Whitworth	FULL MAIDEN NAME	Jennie Bennett
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B.A. (Born alive or stillborn) **, at** 3:30 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Walter Haack M.D.
(Physician or midwife)

Address Bancroft

Filed 3-1 1922 W. F. Haack
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-204-003-255

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 99040

County of Banncok

City of Bancroft

No. 3rd. Registration District No. 84 File No.

Hospital Primary Registration District No. 2161 Registered No.

FULL NAME OF CHILD Jennie Whitworth
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
F	X (To be answered only in event of plural births)	first	yes	2-4-22 (Month) (Day) 192 (Year)

What bactericidal solution was used in eyes? argyrol 20 %

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: John Whitworth	FULL MAIDEN NAME: Jennie Bennett
RESIDENCE: Bancroft	RESIDENCE: Bancroft
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B.A., at 2:30 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician or midwife)

Address Bancroft

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 3-1 1922 [signature]

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

947-IC-003-791

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99041

Registration District No. 84 File No. .....

Primary Registration District No. 2161 Registered No. .....

FULL NAME OF CHILD CHARLES EUGENE RUGER
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	2-1-22 192....

What bactericidal solution was used in eyes? arygol 20 %

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Eugene ~~Rugger~~ Ruger	FULL MAIDEN NAME: Elnora Grant
RESIDENCE: Bancroft	RESIDENCE: Bancroft
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Switzerland	BIRTHPLACE: Chesterfield
OCCUPATION: Grocery Clerk	OCCUPATION: housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B.A. (Born alive or stillborn) **at** 5 A.M. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Walter S Beach M.D.

(Physician or midwife)

Address Bancroft

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 3-1 1922 Walter S Beach Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock } ss.

Certificate No. 99041

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Charles Eugene Ruger (Birth or Death)
for (Name on Original Certificate) who ~~Died~~ was born on Feb. 1st 1922 (Was Born or Died) (Date of Event)
in Bancroft (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Rugger	Ruger
Name	Eugene	Charles Eugene Ruger
Ruger	Charles	Eugene

Subscribed and sworn to before me this 17th
day of Oct 1942
Charles W. Shanklin
Notary Public, residing at Bancroft
My commission expires Nov. 1st 1943
(Seal)

Signed Edwina Grant
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bannock } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of Oct 1942
Charles W. Shanklin
Notary Public, residing at Bancroft
My commission expires Nov 1st 1943
(Seal)

Signed Cecil A. Sessions
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 27 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

313-118-003-539

County of Bannock

City of Bancroft

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 99042

Primary Registration District No. 2161 Registered No. ____

FULL NAME OF CHILD ____ Call (Lowell Eliason Call)

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	2-18-22 192

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Joseph C. Call	FULL MAIDEN NAME: Myrtle Eliason
RESIDENCE: Bancroft	RESIDENCE: Bancroft
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Chesterfield	BIRTHPLACE: Logan Utah
OCCUPATION: Clerk Grocery	OCCUPATION: housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B. A. (Born alive or stillborn) at 2 P. M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Walter S. Saal M. D.

(Physician or midwife)

Address Bancroft

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 3-1-22 192..

Walter S. Saal

Registrar.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Bancroft

Street: .....

County: Bannock

File Number: 99042

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: February 18, 192.2

Father: Joseph Clarance Call (Full Name) Mother: Myrtle E. Eliason (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lowell Eliason Call

Child's Name in Full

Joseph C. Call

Signature of Father or Mother

BE FILED FOR EACH CHILD AND BE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

313-18-003-719

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99043

County of ~~Bannock~~ Bannock

City of Bancroft

No. ____ St. ____ Registration District No. 84 File No. ____

Hospital ____ Primary Registration District No. 2161 Registered No. ____

FULL NAME OF CHILD ~~Loren Call~~ Glen Sterling Call
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	2-18-192 2

What bactericidal solution was used in eyes? argyrol 20 %

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: ~~Loren~~ Glen Call	FULL MAIDEN NAME: Electra Parks
RESIDENCE: Chesterfield	RESIDENCE: Chesterfield
COLOR: white	COLOR: W
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: ~~21~~ 19 (Years)
BIRTHPLACE: ~~Chesterfield~~ Bancroft	BIRTHPLACE: ~~Chesterfield~~, Ridgedale
OCCUPATION: farmer	OCCUPATION: housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B.A. (Born alive or stillborn) at 7:35 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Walter Beck M.D.

(Physician or midwife)

Address Bancroft

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 3-1 192 3 Walter Beck
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED OCT 18 1938

DIVISION OF
VITAL STATISTICS

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

LEWIS WILLIAMS
SPECIAL AGENT

Boise, Idaho

BIRTH REGISTRATION IS A PART OF EVERY CHILD'S BIRTHRIGHT
DO YOUR DUTY BY YOUR CHILD AND COMPLETE THE CERTIFICATE

Dear Madam:

IDAHO is now in the United States Birth Registration Area and it is essential that birth certificates be made complete in every particular. Kindly fill in the information requested below and return at your earliest convenience. A franked envelope, which requires no postage, is enclosed for your use in returning the same. A government certificate for your baby will be forwarded you upon receipt of this blank.

Thanking you in advance for your courtesy in taking care of this matter immediately in order that the records may be completed, I am

Sincerely yours,
Lewis Williams
Lewis Williams
Special Agent, Bureau of the Census.

made out by mother to make corrections on certificate.

PLEASE WRITE PLAINLY

FULL NAME OF CHILD Glenn Sterling Call

PLACE OF BIRTH Bancroft DATE OF BIRTH Feb. 18, 1922 SEX OF CHILD Male

MAR 31 1942

1. Number of children born to this mother, including present birth 2
2. Number born alive and now living SEP 15 1972 AUG 16 1973 2
3. Number born alive but now dead —
4. Number of children born dead —

FATHER	MOTHER
Lorin Lavon Call	Estella Parker Call
(Full Name)	(Full Maiden Name)
deceased	311-28th Street San Francisco Cal.
(Residence)	(Residence)
Age at last birthday —	Age at last birthday 30
Bancroft Idaho	Rigby, Idaho
(Birthplace)	(Birthplace)
—	Stenographer
(Occupation)	(Occupation)

494-165-863-955

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99044

County of Bannock

City of Blaiser, Idaho. Registration District No. 84 File No.

No. St.

Primary Registration District No. 261 Registered No.

Hospital

FULL NAME OF CHILD Wayne McDaniel, Orval Ray

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				Yes.	Feb. 5, 1922.

FATHER	MOTHER
FULL NAME: Clarance McDaniel	FULL MAIDEN NAME: Erna T. Reese.
RESIDENCE: Blaiser, Idaho.	RESIDENCE: Blaiser, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23. (Years)	AGE AT LAST BIRTHDAY: 20. (Years)
BIRTHPLACE: Blaiser, Idaho.	BIRTHPLACE: Blaiser, Idaho.
OCCUPATION: Rail-roader.	OCCUPATION: House-wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live (Born alive or stillborn) at 9 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Wilson J McDill

Physician (Physician or midwife)

Address

Filed 3-1 1922

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 18 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Salt Lake } ss.

Certificate No. 99044

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for WAYNE McDANIELS (Name on Original Certificate) who was born (Was Born or Died) on February 5, 1922, (Date of Event)
in Lava Hot Springs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by records of L.D.S. Church (Bible Record, Insurance Policy, Etc.) prepared on March 5, 1922, (Blessing Cert.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Wayne	Orval Ray McDaniel
Surname	McDaniels	McDaniel

Subscribed and sworn to before me this 17th
day of September, 1942

Janice Rees
Notary Public, residing at Salt Lake City, Ut.

My commission expires May 11, 1945
(Seal)

Signed Mrs. Bertha D. McDaniel
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

144 N. 9th West, Salt Lake City, Ut.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Salt Lake } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of September, 1942

Janice Rees
Notary Public, residing at Salt Lake City, Ut.

My commission expires May 11, 1945
(Seal)

Signed Andrew John Brennan
(Signature of Any Credible Person Other Than Previous Year)

205 2nd Ave, Salt Lake City, Ut.
(Street Address, City, State)

SEP 18 1942

SEP 21 1942

PL[redacted]ELFARE

133-124-003-432

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99045

County of Bannock

City of Lava HOT Springs Ida.

No. ..... St. Registration District No. 84 File No. .....

Hospital ..... Primary Registration District No. 2161 Registered No. .....

FULL NAME OF CHILD Roderick Allen.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy.		Yes.	Feb. 24th 1922

What bactericidal solution was used in eyes? Silver Nitrate 2 %.

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Jessie Allen	FULL MAIDEN NAME	Pearl McBride
RESIDENCE	Lava Hot Spings Ida.	RESIDENCE	Lava Hot Springs.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Iowa	BIRTHPLACE	Illnoise.
OCCUPATION	Rancher.	OCCUPATION	House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10.30 a. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wilson F. McDill

Physician Surgeon
(Physician or midwife)

Address Lava Hot Springs Idaho.

Filed 3-1 1922 Walter S. Bach
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] MAY 2 2 194

JUN 11 1963

FEB 8 1943

DEC 16 1965

JUL 15 1966

253-125-007-289

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lava Hot Springs Ida.

No. ____ St. ____

Registration District No. 84 File No. 99046

Hospital ____ Primary Registration District No. 2161 Registered No. ____

FULL NAME OF CHILD Charles Kelly
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes.	Feb. 25th. 1922

What bacterioidal solution was used in eyes? Silver Nitrate 2%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER

FULL NAME Clarence Lester Kelly

RESIDENCE Lava Hot Springs Ida.

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Utah.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Emma Elvira Byington.

RESIDENCE Lava Hot Springs Ida.

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Idaho.

OCCUPATION House-wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wilson J. McDill

Physician & Surgeon.
(Physician or midwife)

Address Lava Hot Springs.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 3-1 1922 Walter Bach
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1922-108447

815-23
003-399 [redacted]

NAME ADDED 9-27-91 dl

Form V. S. No. 11-C--25m-7-21-19

RECEIVED APR 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

99050

County of Bannock

City of Downey

Registration District No. 83 File No.

No. St.

Primary Registration District No. 260 Registered No.

Hospital

FULL NAME OF CHILD DONNA VALENE HANCOCK

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	3 — 23 — 1922

FATHER	MOTHER
FULL NAME Elvin C. Hancock	FULL MAIDEN NAME Loretta Riddle
RESIDENCE Downey, Ida.	RESIDENCE Downey Ida
COLOR wd	COLOR wd
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Downey	BIRTHPLACE Syracuse, Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1100 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartwigsen
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Downey, Idaho

Filed Mar 23, 1922 H. J. Hartwigsen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-20-91

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED

SEP 24 1991

VITAL STATISTICS UNIT

State of Idaho
County of Oneida } ss.

Certificate No. 99050
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Baby Girl Hancock (Name on Original Certificate) who was born (Was Born, Died, etc.) on Mar 23, 1922 (Date of Event)

in Downey (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Baby Girl Hancock	Donna Valene Hancock

Subscribed and sworn to before me this 23rd day of Sept 1991

X Notary Public, Jayne [illegible] Freudenberger

Residing at Malad, Idaho

My commission expires 2/17/93

(Seal)

X Donna Valene Hancock
Signature of Applicant

X 61 Bush Ave Malad, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certificate of Blessing lists Donna Valene Hancock born in Bannock County to Alvin Hancock and Lonetta Criddle. Viewed by V.S.Blessed May 7, 1922

Marriage License lists Donna Hancock and Howard Vanderwood were married June 19, 1940 in Bannock County. Viewed by V.S.

1990

236-122-003-315

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED APR 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 83 File No. 99051

No. ..... St.

Primary Registration District No. 2160 Registered No. .....

Hospital .....

FULL NAME OF CHILD Spencer Bloxham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	3 - 22 - 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H. Frank Bloxham	FULL MAIDEN NAME	Mattie Van Leuvan
RESIDENCE	Downey Idaho	RESIDENCE	Downey Ida
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Downey Ida	BIRTHPLACE	Sprugville Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hoskingren

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Downey, Idaho

Filed Mar - 23 - 1922 H. J. Hoskingren Registrar

[illegible] 19

[illegible] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

APR 7 - 1922

Boise, Idaho, ... 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Downey

Place of Birth — Street: .....

Place of Birth — County: Bannock

File Number: 99051

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: March 22nd 1922

Father: W. Frank Blopham (Full Name)

Mother: Mattie Dow Lewis (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Spencer Blopham
Child's Name in Full

W. Frank Blopham
Signature of Father or Mother

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

88/122.003-753

PLACE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 83 File No. 99052

No. ____ St.

Primary Registration District No. 2160 Registered No. ____

Hospital ____

FULL NAME OF CHILD Floyd Wendell Hyde

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Mar. 22, 1922

FATHER		MOTHER	
FULL NAME	John S. Hyde	FULL MAIDEN NAME	Carrie Peterson
RESIDENCE	Downey, Idaho	RESIDENCE	Downey, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Graysville, Utah	BIRTHPLACE	Australia,
OCCUPATION	Merchant & Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10:20 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Hartvigsen, Physician
(Physician or midwife)

Address Downey, Idaho.

Given names added from a supplemental report.

____ 19____

____
Registrar

Filed May 2, 1922 J. F. Hartvigsen
Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, APR 7 - 1922 192.2

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Downey

Street:

County: Bannock

File Number: 99052

Registration Dist. No.:

Date of Birth: Mar 22 192.2

Sex of Child: Male

Father: John S Hyde (Full Name)

Mother: Carrie Peterson Hyde (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Floyd Wendell Hyde

(Child's Name in Full)

John S Hyde

(Signature of Father or Mother)

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 893-125-003-855

County of Bannock

City of Oxford

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 5 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 99053

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Jack Dean Hillman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	2-25-1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	James Warren Hillman	FULL MAIDEN NAME	Lilly Henderson
RESIDENCE	Oxford, Ida.	RESIDENCE	Oxford, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Cattleman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler Jr.
Physician
(Physician or midwife)

Address Preston Idaho

Filed Mar. 20, 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Boise, Idaho, ...192...

r Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital import- to have the full name included in the record. Kindly fill in the information requested in the blank below return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

---

e City ....Oxford Ida....

Street .....

h County ..Bannock.....

File Number .....99053.....

Registration Dist. No. .....

of Child.....Male.....

Date of Birth .Feb. 25.....1922.

er James Warren Hillman.....
Full Name

Mother Lillian Edna Henderson.
Full Maiden Name

EREBY CERTIFY that the child described herein has been named:

Dean Hillman.....
Child's Name in Full

Mrs. J. W. Hillman.....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHO
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE U.

FEB 22 1971

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Birth registration is part of every child's birthr
It establishes legally the date of the child's bir
and legitimacy.

It enables the Public Health Nurse to make sure
been protected from danger of blindness and other infecti

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - -

1. The correct age for purposes of school attenda
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service
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portant that the certificates be filed with the BUREAU OF
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456-116-003-269

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Bannock

City of Downey

No. R.F.D. St.

Hospital

RECEIVED APR 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 83 File No. 99054

Primary Registration District No. 460 Registered No.

FULL NAME OF CHILD ELDON KEITH DEWEY

Sex of Child male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 3 (Month) 16 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	W. A. Dewey	FULL MAIDEN NAME	Mary Sorenson
RESIDENCE	Downey, Idaho	RESIDENCE	Downey Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	60 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Richmond, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartvigsen
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Downey, Idaho

Filed 3-16-1922 H. J. Hartvigsen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock } ss.

Certificate No. 99054

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who Born (Was Born or Died) on March 16 1922 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on March 16-1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Eldon Keith Dewey

Subscribed and sworn to before me this 21
day of March, 194✓.

Notary Public, residing at Downey Idaho

My commission expires 12-20-43
(Seal)

Signed X Mary L Dewey.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Downey Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MA

81K116.003-435

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99055

County of Bannock

City of Swan Falls

Registration District No. 83 File No.

No. St.

Primary Registration District No. 2160 Registered No.

Hospital

FULL NAME OF CHILD Douglas Warren Hadley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	3 16 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. A. Hadley	Ida McNeil
RESIDENCE	Swan Falls, Ida	Swan Falls Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	39	39
BIRTHPLACE	Swan Falls Ida	New Mexico
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 10th Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Worthington

Physician
(Physician or midwife)

Address Nampa, Idaho.

Given names added from a supplemental report.

19

Registrar

Filed 3-16- 1922

H. H. Worthington
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Apr 7 - 1922 ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Swan Lake

Street: .....

County: Bannock

File Number: 99055

Registration Dist. No. .....

Date of Birth: March 16th 192..

Sex of Child: Male

Father: Jam... Andrew Hadley (Full Name)

Mother: Ida Jane ... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Douglas Warren Hadley
Child's Name in Full

Ida Hadley
Signature of Father or Mother

SEP 25 1942

[illegible] 1950

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

449-214-003-815

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

Registration District No. 83 File No. 99056

No. ..... St.

Primary Registration District No. 2160 Registered No. .....

Hospital .....

FULL NAME OF CHILD Margaret Jane Murphy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	3 (Month) 14 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Edward Murphy	FULL MAIDEN NAME	Margaret Hand
RESIDENCE	McCammon	RESIDENCE	McCammon, Ida.
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	58	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	New York State	BIRTHPLACE	Yankton, S. D.
OCCUPATION	Clerk.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartvigsen
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Downey, Idaho

Filed Mar. 14, 1922 H. J. Hartvigsen
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

APR [illegible] 192[illegible]

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: McCammon

Street: .....

County: Bannock

File Number: 99056

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: March 14 1922

Father: Edward Murphy (Full Name)

Mother: Helen Margaret Hand (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Margaret Carol Murphy
Child's Name in Full

Helen Margaret Murphy
Signature of Father or Mother

JUL 16 1945

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

653-213-003-595

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 83 File No. 99057

No. ..... St.

Primary Registration District No. 2160 Registered No. .....

Hospital .....

FULL NAME OF CHILD Marietta Welling

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 8 (Month) 13 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	E. H. Welling	FULL MAIDEN NAME	Minnie Nielsen
RESIDENCE	Downey, Idaho	RESIDENCE	Downey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Farmington, Ms	BIRTHPLACE	Huntsville, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hoskingsen
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Downey, Idaho

Filed Nov. 13, 1922. H. J. Hoskingsen
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
JUL 7 - 19..
BUREAU OF VITAL
STATISTICS

Boise, Idaho, ... 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Downey Idaho

Street: .....

County: Bannock

File Number: 99057

Registration Dist. No.: .....

Date of Birth: March 13th 1922

Sex of Child: Female

Father: Edward Hunter Welling (Full Name) Mother: Sarah Rasmussie Nielsen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Marietta Welling
Child's Name in Full

Mrs. E. H. Welling
Signature of Father or Mother

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

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- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

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3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

393-108-003-162

PLACE OF BIRTH

RECEIVED
APR 5 19[illegible]
BUREAU OF VI[illegible]
ST[illegible]

V. S. No. 11-C--25m-7-21-19

County of Bannock

City of Virginia

No. ..... St.

Hospital .....

Registra[illegible] File No. 99058

Primary Registration District No. 2160 Registered No. .....

FULL NAME OF CHILD COMMODORE WILLIAM TILLOTSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	3 (Month) — 8 (Day) — 1922 (Year)

FATHER		MOTHER	
FULL NAME	Alvin Best Tillotson	FULL MAIDEN NAME	Eliza Moss,
RESIDENCE	Virginia Ida	RESIDENCE	Virginia, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Virginia Ida.	BIRTHPLACE	West Portage, Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:05 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Hartigsen

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Downey, Idaho

Filed Mar. 8, 1922 A. J. Hartigsen Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 99058

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth for Commodore William Tillotson who Was Born on March 6 - 1942 in Virginia Ida are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record prepared on Date of Birth, are:

(Birth or Death) (Name on Original Certificate) (Was Born or Died) (Date of Event) (Place of Event) (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Commodore William Tillotson

Subscribed and sworn to before me this 13 day of May, 1942

Notary Public, residing at Downey Ida

My commission expires 12-20-43
(Seal)

Signed x Eliza Ann Tillotson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of Aug., 1942

Notary Public, residing at Pocatello

My commission expires May 10, 1945.
(Seal)

Signed Mrs Violet Holt
(Signature of Any Credible Person Other Than Previous Year)

245 No 13th
(Street Address, City, State)
Pocatello Idaho.

AUG 4 1942

NOV 7 1975

AUG 6 1942

366-203-003-386

Form V. S. No. 11-C—25m-7-21-19

RECEIVED APR 3 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Downey

No. R. T. H. T. St.

Hospital

Registration District No. 83 File No. 99059

Primary Registration District No. 3160 Registered No.

FULL NAME OF CHILD Maxie Coffin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Mar. 3, 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clarence Coffin	FULL MAIDEN NAME	Sadona Thompson
RESIDENCE	Downey, Ida.	RESIDENCE	Downey, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Oxford, Ida.	BIRTHPLACE	Richmond Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartvigsen

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Downey, Ida.

Filed Mar. 4, 1922 H. J. Hartvigsen Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

APR 7 - 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Downey

Place of Birth — Street: .....

Place of Birth — County: Bannock

File Number: 99059

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: March 3 1922

Father: Clarence James Coffin (Full Name)

Mother: Sadonia Abi Thompson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Marie Coffin
Child's Name in Full

Sadonia A. Coffin
Signature of Father or Mother

NOV 27 1970

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

386-125-003-689

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEI[illegible]
APR 5
BUREAU O[illegible]
STATIS[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 83 File No. 99060

No. ..... St.

Primary Registration District No. 2061 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ralph Wayne Thomas

Sex of Child male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 2 (Month) — 25 (Day) — 1922 (Year)

FATHER		MOTHER	
FULL NAME	M. A. Thomas,	FULL MAIDEN NAME	Tessie Whitt
RESIDENCE	Downey, Ida	RESIDENCE	Downey, Ida
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Richmond, Utah	BIRTHPLACE	Lewiston Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1025 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartvigsen

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Downey, Idaho.

Filed 2-25 — 1922 H. J. Hartvigsen Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

APR 7 - 1922

Boise, Idaho, ...192...

Dear Madam:.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Downey

Street: .....

County: Bannock

File Number: 99060

Registration Dist. No. .....

Date of Birth: 25 of Feb 192 2

Sex of Child: Male

Father: Martin A Thomas (Full Name)

Mother: Tessie L Thomas (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ralph Wayne Thomas
Child's Name in Full

M A Thomas
Signature of Father or Mother

JUN 26 1942

MAY 25 1971

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

695-123-003-745

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Arimo

Registration District No. 83 File No. 99061

No. ..... St.

Primary Registration District No. 2160 Registered No. .....

Hospital .....

FULL NAME OF CHILD Paul Fink

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	2 (Month) – 23 (Day) – 1922 (Year)

FATHER		MOTHER	
FULL NAME	Charles Fink	FULL MAIDEN NAME	Pollie Gunter
RESIDENCE	Arimo, Ida.	RESIDENCE	Arimo, Ida.
COLOR	W. AGE AT LAST BIRTHDAY 42 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Providence, Utah.	BIRTHPLACE	Whitney N. Carolina
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:40 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartvigsen
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Downey, Idaho

Filed Feb. 23, 1922 H. J. Hartvigsen
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAY 19 1922
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, May 17 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Arimo

Street:

County: Bannock

File Number: 99061

Registration Dist. No.:

Date of Birth: Feb 23 192

Sex of Child: Male

Father: Charles Fink
Full Name

Mother: Pallie Ann G
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Paul Fink
Child's Name in Full

Pallie Ann Fink
Signature of Father or Mother

ERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
ACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

egistration is part of every child's birthright.
blishes legally the date of the child's birth, parentage
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bles the Public Health Nurse to make sure the child has
from danger of blindness and other infections at birth.

- - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

correct age for purposes of school attendance.
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section under the law.
itary and jury duty.
it to travel unmolested in foreign lands.
it to vote.
it to receive pensions and inherit property.
nishes acceptable evidence of genealogy.
it to get married.
t at this time while many of the Ex-Service men are com-
ish certified copies of certificates of birth, it is im-
ne certificates be filed with the BUREAU OF VITAL STATIS-
me completed by furnishing the name of the child.

SE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

557-115-003-813

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED 1922 OF VITAL STATISTICS

County of Bannock

City of Arimo

Registration District No. 83 File No. 99062

No. ..... St.

Primary Registration District No. 2160 Registered No. .....

Hospital .....

FULL NAME OF CHILD Miles Sumner England

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 2 (Month) — 15 (Day) — 1922 (Year)

FATHER		MOTHER	
FULL NAME	George England	FULL MAIDEN NAME	Martha Hatch
RESIDENCE	Arimo, Ida.	RESIDENCE	Arimo
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Plain City Utah	BIRTHPLACE	Orangeville Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartwigsen
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Downey, Idaho

Filed Feb 16 — 1922. H. J. Hartwigsen
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

336-12-003-693

PLACE OF BIRTH

RECEIVED APR 5 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Offord Precinct

No. ..... St.

Registration District No. 83 File No. 99064

Hospital ..... Primary Registration District No. 3160 Registered No. .....

FULL NAME OF CHILD Meldon Hyrum Lloyd
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	10	yes	Jan 12 1923

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Hyrum Lloyd	FULL MAIDEN NAME	Emma Wilson
RESIDENCE	Offord Idaho	RESIDENCE	Offord Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Eng	BIRTHPLACE	Eng
OCCUPATION	Farmer	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos. B. Walker, Physician (Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 3-14-1923 J. G. Harrington Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 15 1942

168-111-003-967

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 83

File No. 99065

No. ..... St.

Primary Registration District No. 2160

Registered No. .....

Hospital .....

FULL NAME OF CHILD James Jasper Johnson

Sex of Child male | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? yes. | Date of Birth 2 (Month) — 11 (Day) — 1922 (Year)

FATHER	MOTHER
FULL NAME J. W. Johnson	FULL MAIDEN NAME Hulda Rogers
RESIDENCE Downey Idaho	RESIDENCE Downey Ida
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Richmond, Ind.	BIRTHPLACE Decatur, Neb.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:55 P. M. on the date above stated.

(Signature) H. J. Hartwigsen

Physician (Physician or midwife)

Address Downey, Idaho

Filed 3-13-22 1922

H. J. Hartwigsen Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

RECEIVED
JUN 16 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Apr 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Downey Ida. — Street: ..... — County: Bannock

File Number: 99065

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Feb 11 192 2

Father: James Webster Johnson (Full Name)

Mother: Hulda Agnes Rogers (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

James Junior Johnson
Child's Name in Full

Mrs. Jas. W. Johnson
Signature of Father or Mother

AUG 2 2 1973

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

365·21·003-419

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

RECEIVED APR 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Swan Lake

Registration District No. 83

File No. 99066

No. ..... St.

Primary Registration District No. 2160

Registered No. .....

Hospital .....

FULL NAME OF CHILD Carma Condie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	2 — 14 — 1922

FATHER		MOTHER	
FULL NAME	C. S. Condie	FULL MAIDEN NAME	Daisy Morton
RESIDENCE	Swan Lake Idaho	RESIDENCE	Swan Lake, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Swan Lake, Idaho
OCCUPATION	R.R. Switchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2:45 AM on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Huntington

Physician

(Physician or midwife)

Address Downey, Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed 2-12- 1922

H. J. Huntington

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

APR 4 - 1922

Boise, Idaho, April 3 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Swan Lake, Idaho

Street: .....

County: Bannock

File Number: 99066

Registration Dist. No.: 3

Sex of Child: Female

Date of Birth: February 11 1922

Father: Clarence Sidney Condie (Full Name)

Mother: Daisy Ball Martin (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Carma Condie
Child's Name in Full

Daisy Condie
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

FEB 23 1943 - - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

NOV 8 19

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

393205-003964

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED APR 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Virginia

Registration District No. 83 File No. 99068

No. ..... St.

Primary Registration District No. 2160 Registered No. .....

Hospital .....

FULL NAME OF CHILD Madge Little

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan. (Month) 5 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Edward Little	FULL MAIDEN NAME	Maude Roundy
RESIDENCE	Virginia, Ida.	RESIDENCE	Virginia, Ida.
COLOR	W AGE AT LAST BIRTHDAY 49 (Years)	COLOR	W AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Kanabe Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8th Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 9:00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Hartwigsen.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Downey, Idaho.

Filed Jan. 6, 1922 J. J. Hartwigsen. Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
APR 15 1922
...

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, APR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Virginia

Street: .....

County: Bannock

File Number: 99068

Registration Dist. No. .....

Date of Birth: Jan 5 1922

Sex of Child: Female

Father: Edward William Little (Full Name)

Mother: Maud Roundy (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Madge Little
Child's Name in Full

Edward William Little
Signature of Father or Mother

1943 OCT 6 APR 18 1944 JAN 30 1962

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

669-104-003-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Arimo

Registration District No. 83 File No. 99069

No. ..... St.

Primary Registration District No. 2160 Registered No. .....

Hospital .....

FULL NAME OF CHILD John Junior Worley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes.	Jan. 4 1922

FATHER		MOTHER	
FULL NAME	John P. Worley	FULL MAIDEN NAME	Eleanore Sorson
RESIDENCE	Arimo Ida	RESIDENCE	Arimo, Ida
COLOR	wt	COLOR	wt
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Logan, Utah	BIRTHPLACE	Meadow, Utah
OCCUPATION	R. R. Switchman 9th	OCCUPATION	Housewife

Number of child of this mother, including present birth 9th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Hartigsen

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Hawney, Ida.

Filed 1-5-1923 H. J. Hartigsen Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

APR 7 - 1922

MAR 7

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Arimo

Place of Birth — Street: .....

Place of Birth — County: Bannock

File Number: 99069

Registration Dist. No.: 16

Sex of Child: Male

Date of Birth: Jan. 4th 192 2

Father: John Pearson Worley (Full Name)

Mother: Eleanor Larsen Worley (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

John Junior Worley
Child's Name in Full

Mrs. John Worley
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

512-204-
004-469

PLACE OF BIRT [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 99071

County of Bear Lake

City of Ovid

No. ____ St. Registration District No. 5-3 File No. 71

Hospital ____ Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Ivona Eastwood
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
Female			Yes	2-4-1922

What bactericidal solution was used in eyes? Argyrol Sol. 10%

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Albert Eastwood	Elva Morgan
RESIDENCE	Ovid	Ovid
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	27
BIRTHPLACE	England	Liberty
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P J Sutton M.D.
(Physician or midwife)

Address Paris Idaho

Filed 2-12-1922 Mrs J S Skinner
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-217-044-769

PLACE OF BIRTH

RECEIVED MAR 2 - 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99072

County of Bear Lake

City of Paris

No. ____ St. Registration District No. 13 File No. 20

Hospital ____ Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Luella Alfred

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	1-17-1922

What bactericidal solution was used in eyes? Argyrol Sol 10.0%

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Theras A. Alfred	Florence Porter
RESIDENCE	Paris	Paris
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	33
BIRTHPLACE	St Charles	Wyo.
OCCUPATION	School teacher	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 00 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sutton M D

(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 2-12-1922 Mrs. J. S. Skinner
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-109-004-864

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 99073

County of Bear Lake

City of Wardboro

No. ..... St.

Registration District No. 53 File No. 69

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Olean W. Parker

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	1-9-22

What bactericidal solution was used in eyes? Argyrol Sol. 10 %.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	A. L. Parker	FULL MAIDEN NAME	Hilda Young
RESIDENCE	Wardboro	RESIDENCE	Wardboro
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Liberty	BIRTHPLACE	England.
OCCUPATION	Farmer	OCCUPATION	House wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 2 25 P. M. **on the date above stated.** (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Sutton M.D.

(Physician or midwife)

Address Paris Ida

Give names added from a supplemental report.

....., 192.....

Filed 12 1922 Mrs. J. L. Skinner

Registrar.

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 30 1956

413-222-006-245

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99074

County of Bear Lake

City of Paris

Registration District No. 53 File No. 72

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD La Wana Mattson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Feb 22 1922

FATHER	MOTHER
FULL NAME Leo James Mattson	FULL MAIDEN NAME Myrlee Bunn
RESIDENCE Paris Idaho	RESIDENCE Paris Idaho
COLOR White AGE AT LAST BIRTHDAY 31 (Years)	COLOR White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at [illegible] M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. O. Moore M.D.

(Physician or midwife)

Address Paris Idaho

Given names added from a supplemental report.

....19....

Filed 3-9 1922 Mrs. J. S. Skinner

Registrar

....

Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K.

RECEIVED
APR 12 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

APR 7 - 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Paris
- Street: .....
- County: Idaho

File Number: 99074

Registration Dist. No. .....

Date of Birth: Feb. 22, 1922

Sex of Child: Female

Father: Leo James Mattson
Full Name

Mother: Myrtle Bunn
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

La Wana Mattson
Child's Name in Full

Myrtle Bunn Mattson
Signature of Father or Mother

K

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

553217.00[illegible]-365

PLACE OF BIRTH

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 99075

County of Bear Lake

City of Fish Haven

No. ..... St. Registration District No. ..... File No. .....

Hospital ..... Primary Registration District No. 55 Registered No. .....

FULL NAME OF CHILD Audrey Nelson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	x		x	yes	2-17 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lyman R Nelson	FULL MAIDEN NAME	Suza Loveland
RESIDENCE	Fish Haven	RESIDENCE	Fish Haven
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Georgetown	BIRTHPLACE	Fish Haven
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R J Dutton

M.D.
(Physician or midwife)

Address Paris

Filed March 11 1922 John Mattson
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOU
[illegible] FOR EACH CHILD [illegible] COMPLETED [illegible]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Fish Haven

Street:

County: Bear Lake

File Number: 99075

Registration Dist. No.:

Sex of Child: Female

Date of Birth: February 17, 1927.

Father: Lyman Richard Nelson (Full Name)

Mother: Susan Amanda Lovell (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Audrey Nelson
Child's Name in Full

Mrs. Susie Nelson
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

and.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

719-218-004-386

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 30 1922

CERTIFICATE OF BIRTH

99076

County of Bear Lake

City of Bloomington

No. ..... St. Registration District No. ..... File No. .....

Hospital ..... Primary Registration District No. 55 Registered No. .....

FULL NAME OF CHILD Velma Painter
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	2-18-1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	George Painter	FULL MAIDEN NAME	Deltha Thornock
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Bloomington	BIRTHPLACE	Bloomington
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5.00 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

MD
(Physician or midwife)

Address: Paris Ida

Filed March 11 1922 John Mattson
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF [illegible]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth

City ...Bloomington.....

Street .....

County ...Bear Lake.....

File Number 99076

Registration Dist. No. .....

Date of Birth ..February....18th....192.2

Sex of Child.....Female.....

Father ..George W.O. Painter..... (Full Name)

Mother Deltha Susanna Hancock, (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

.....Velma Painter.....
Child's Name in Full

.....Deltha S. Painter.....
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

386-125-004-849

PLACE OF BIRTH

RECEIVED MAR 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bloomington

No. ..... St. Registration District No. ..... File No. 99077

Hospital ..... Primary Registration District No. 55 Registered No. .....

FULL NAME OF CHILD Earl Hyrum Thornock
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	9-25-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	David E Thornock	Sarah Quinton
RESIDENCE	Bloomington	Bloomington
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	25
BIRTHPLACE	Bloomington	Bloomington
OCCUPATION	Farmer	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 15 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R Sutton
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Paris Id.

Filed March 11 1922 John Mattson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1922-99802

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Bloomington

Street:

County: Bear Lake Co.

File Number: 99077

Registration Dist. No.: 3

Sex of Child: Male

Date of Birth: March 25th 1922

Father: David Earl Thornock
Full Name

Mother: Sarah Elizabeth Quinton
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Earl Wyman Thornock
Child's Name in Full

Mrs. Sarah E. Thornock
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

599-220-004-433

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAR 20 1922 VITAL STATISTICS

File No. 99078

County of Bear Lake
City of Fish Haven
No. ..... St. Registration District No. .....
Hospital ..... Primary Registration District No. 53 Registered No. .....

FULL NAME OF CHILD Alma Erickson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	2-20-1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Bert M. Erickson	FULL MAIDEN NAME	Vera McCaw
RESIDENCE	Fish Haven	RESIDENCE	Fish Haven
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Garden City
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Dutton
(Physician or midwife)

Address Paris Idaho

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed March 11 1922 John Mattson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Fish Haven

Street:

County: Bear Lake

File Number: 99078

Registration Dist. No.: One

Sex of Child: Female

Date of Birth: Feb. 26th 1922.

Father: Bert Marion Erickson (Full Name)

Mother: Vera McCann (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Alma Erickson
Child's Name in Full

Bert Marion Erickson
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty,
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

893-222-025-893

PLACE OF BIRTH

[redacted]

RECEIVED MAR 25 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

County of Bennock

City of Sanders Ida

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 2 99079

No. ..... St.

Primary Registration District No. ..... Registered No. 7

Hospital .....

FULL NAME OF CHILD Hill (Marjorie Regina)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	yes	Jan 22 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clarence Hill	FULL MAIDEN NAME	Sophie Hillman
RESIDENCE	Sanders Ida.	RESIDENCE	Sanders Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Minn
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 15 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Nelson

Phys (Physician or midwife)

Given names added from a supplemental report.

Marjorie Regina 2/26 1922

J. E. Bihan
Registrar

Address Tekoa, Wash.

Filed Feb. 21 1922

J. E. Bihan
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City ..... Sandusky .....
Street .....
County ..... Benewah .....

File Number ..... 99079 .....

Registration Dist. No. .....

Sex of Child ..... Female .....

Date of Birth ..... Jan. 22 ..... 1922 ..

Father Clarence Harold Hill
Full Name

Mother Sophie Caroline Hillman
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

..... Marjorie Regina Hill .....
Child's Name in Full

..... Mrs. C. H. Hill .....
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

689-220-005-789

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MAR 2[illegible] 192[illegible]
BUREAU OF [illegible]
STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of De Smet

Registration District No. 31 File No. 99080

No. ..... St.

Hospital Sisters

Primary Registration District No. ..... Registered No. 8

FULL NAME OF CHILD Mary Edna Whistockue.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Feb 20 1922

FATHER		MOTHER	
FULL NAME	Anesta Whistockue	FULL MAIDEN NAME	Mary Phillips
RESIDENCE	De Smet	RESIDENCE	De Smet
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	De Smet	BIRTHPLACE	De Smet.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Bartean M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address De Smet. Idaho.

Y. .....
Registrar

Filed Feb. 27 1922

Yves Le Bihan
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-207.005-456

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benwah

City of

Registration District No. 46 File No. 99081

No. St.

Primary Registration District No. 2173 Registered No. 2

Hospital Nellie Lucile Mahoney

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F1	—	Yes	Feb 7 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Patrick Mahoney	FULL MAIDEN NAME	Nina Dewitt
RESIDENCE	Near Plummer Ida.	RESIDENCE	Near Plummer Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Nova Scocia	BIRTHPLACE	Wash
OCCUPATION	Woodsman	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Nelson
Phys
(Physician or midwife)

Given names added from a supplemental report.

19

Address Tekoa Wash

Registrar

Filed 2/18 1922 H. G. Jaeger
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-204-006-391

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 1

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121 File No. 99083

No. RFD 2 St.

Primary Registration District No. 2144 Registered No. 98

Hospital

FULL NAME OF CHILD Unnamed Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	X	X	Yes	Feb 4 1922

FATHER	MOTHER
FULL NAME John Anderson	FULL MAIDEN NAME Dora Crawford
RESIDENCE Belgr RFD 2 (Thomas)	RESIDENCE Belgr RFD 2 (Thomas)
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 47 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Assistant

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 40 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) J B Davis M D

(Physician or midwife)

Address Blackfoot Idaho

Filed March 4 1922 Mrs Helen E Patrick

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

268-208-096-652

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Bel Yr

No. RFD 2 St.

Hospital Amended 7/31/79

Registration District No. 121 File No. 99084

Primary Registration District No. 2194 Registered No. 99.

FULL NAME OF CHILD Mildred Vernetta Borrowman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	X		X	Yes	Feb 8 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David W Borrowman	FULL MAIDEN NAME	Mildred Webster
RESIDENCE	Bel Yr RFD 2	RESIDENCE	Bel Yr RFD 2
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was J B Davis (Born alive or stillborn), at 1 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Born Alive

J. B. Davis M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot Idaho

Filed March 4 1922 Mrs Nature E. Patrick
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

APR 7 - 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackfoot

Street: .....

County: Bingham

File Number: 99084

Registration Dist. No.: 12

Sex of Child: Female

Date of Birth: Feb. 8 1922.

Father: David William Borrowman (Full Name)

Mother: Mildred Jane Webster (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mildred Vanetta Borrowman
Child's Name in Full

Mildred J. Borrowman
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 31 12 30 PM '79

State of _____ } ss.
County of _____ }

Certificate No. 99084
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of ~~Birth~~

for Mildred Vernetta Bowerman (Name on Original Certificate) who was born (Was Born, Died, etc.) on 2/8/22 (Date of Event)

in ~~Blackfoot, Idaho~~ (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Name	~~Mildred~~ V. ~~Bowerman~~	B ~~Mildred Vernetta Borrowman~~
~~Father's name~~	~~David W. Dowerman~~	~~David W. Borrowman~~

Subscribed and sworn to before me this 31st day of July, 1979

Notary Public, Margaret D. Davis

Residing at Boise

My commission expires Lifetime

(Seal)

Mildred Vernetta Nelson
Signature of Applicant

Route #1 Box 115A Blackfoot Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certificate of Baptism issued by LDS Church lists father's name as William Borrowman and the child's name as Mildred Vernetta Borrowman. viewed by

XXXX

Certificate of Blessing issued by LDS Church lists child's name as Mildred Vernatta Borrowman and the Father as David Wm. Borrowman. viewed by V.S.

JUL 31 1979

155-415-006-296

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Firth

No. RFD 2 St.

Hospital

Registration District No. 121 File No. 99085

Primary Registration District No. 2194 Registered No. 100

FULL NAME OF CHILD David Clark Jensen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	X		X	Yes	Feb 15 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George O Jensen	FULL MAIDEN NAME	Stella Brockman
RESIDENCE	Firth RFD 2	RESIDENCE	Firth RFD 2
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5:10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Blackfoot Idaho

Filed March 4 1922 Mrs Walter E. Patrick

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-220-006-666

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bekfoot

City of Bingham

No. S + W of Bekft St.

Registration District No. 121

File No. 99086

Primary Registration District No. 2194

Registered No. 101

Hospital

FULL NAME OF CHILD Mildred Lucille Stoneman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	X		X	Yes	Feb 20 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John H Stoneman	FULL MAIDEN NAME	Ruth Officier
RESIDENCE	Bekfoot Ida	RESIDENCE	Bekfoot
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Kansas
OCCUPATION	Apiary Mana	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

Registrar

Filed March 4 1922 Mrs Walter E. Palmer

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 5 1942

193-125-006-764

PLACE OF BIRTH place of birth & # of birth amended 7/10/84 ate

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of ~~Bingham~~ Moreland

No. R 4 St.

Hospital

Registration District No. 121

File No. 99087

Primary Registration District No. 2194

Registered No. 102.

FULL NAME OF CHILD Lane G. Archibald
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Jan 25 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 8 Number of child of this mother now living, including present birth 2 8

FATHER		MOTHER	
FULL NAME	William Archibald	FULL MAIDEN NAME	Dora Godfrey
RESIDENCE	Blackfoot RD#4	RESIDENCE	Blackfoot Ida RD#4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician
(Physician or midwife)

Address Blackfoot, Idaho

Filed March 8 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 3 1 194

7-21-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho } ss.
County of Ada

Certificate No. 99087
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Lane G. Archibald (Name on Original Certificate) who was born (Was Born, Died, etc.) on 1-25-22 (Date of Event)

in Bingham (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs place of birth	Bingham (city)	Moreland
# of child of this mother	2	8

Subscribed and sworn to before me this 18th day of June 1982

Notary Public, Beatrice E. Greer
Residing at Boise, Idaho
My commission expires August 29, 1985
(Seal)

Lucille A. White
Signature of Applicant

2427 Jefferson Ave., Ogden Utah
apt B415
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of August 1981

Notary Public, Betty Gene Given
Residing at 5715 S. 2700 W. Ray, Utah
My commission expires 3-4-84
(Seal)

Vera Child
Supporting Signature

5795 S. 2700 W Roy, Uh
Street Address, City, State

wn daughter's birth certif onf ile in Idaho #429784-Karen Archibald. givess father's place of birth as Moreland, Idaho. viewed by VS

Honorable Discharge papers from the US Army gives name as Lane G. Archibald born Jan. 25, 1922 in Moreland, Idaho. date of separation Oct.9, 1945. viewed by VS

293-203-006-235

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. S. University
Hospital

Registration District No. 121 File No. 99088
Primary Registration District No. 1007 Registered No. 103.

FULL NAME OF CHILD Bernice Bills
(Certificate of no value without full name of child.)

Sex of Child	~~Twin~~ Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—			Yes	Feb. 3. 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ivan F. Bills	FULL MAIDEN NAME	Yetta Stephenson
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Automobile Dealer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck
Physician
(Physician ~~or midwife~~)

Address Blackfoot, Idaho.

Filed March 8 1922 Mrs Walter E. Patrick.
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

157-204-006-891

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99089

County of Bingham
City of Blackfoot
No. R.D. #1 St.
Registration District No. 121 File No.
Hospital
Primary Registration District No. 2194 Registered No. 104

FULL NAME OF CHILD Eileen Elizabeth Jex
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? — and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Feb. 4 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	James Mases Jex	FULL MAIDEN NAME	Celia Hiatt
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
Physician
(Physician or midwife)

Address Blackfoot Idaho

Filed March 5 1922 Mrs Helen E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF
AND THE SAME COMPLE

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackfoot

Street:

County: Bingham

File Number: 99089

Registration Dist. No.:

Date of Birth: Feb. 4 192.2

Sex of Child: Female

Father: James Jex (Full Name)

Mother: Celia Hiatt (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ileen Elizabeth Jex
Child's Name in Full

Celia Jex
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c112-111 cok-523

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. R.D. #1 St.

Registration District No. 121 File No. 99090

Hospital Primary Registration District No. 2194 Registered No. 105

FULL NAME OF CHILD Louis Silvon Mason.
(Certificate of no value without full name of child.)

Sex of Child: Male

Twin, Triplet or other? —

and Number in order of birth —
(To be answered only in event of plural births)

Legitimate?

Date of birth: Feb. 11 (Month) (Day) 1922 (Year)

What bacteriocidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 11

Number of child of this mother now living, including present birth 11

FATHER

FULL NAME: Jesse G. Mason

RESIDENCE: Blackfoot

COLOR: White

AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Laura L. Estep

RESIDENCE: Blackfoot

COLOR: White

AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: North Carolina

OCCUPATION: House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) W. M. Buck

Physician
(Physician or midwife)

Address Blackfoot Idaho.

Filed March 6 1922 Mrs Halcie E. Yates
Registrar.

168-216-006-599

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. ..... St.
Hospital .....

Registration District No. 121 File No. 99091
Primary Registration District No. 1007 Registered No. 106

FULL NAME OF CHILD Olive Johns
(Certificate of no value without full name of child.)

Sex of Child Female | ~~Twin~~ ~~Triplet~~ or other? — and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Feb. 16 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Fred N. Johns	FULL MAIDEN NAME	Olive Vergin
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Painter	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
Physician
(Physician ~~or midwife~~)

Address Blackfoot, Idaho

Filed March 8 1922 Mrs Walter E. [illegible]
Registrar.

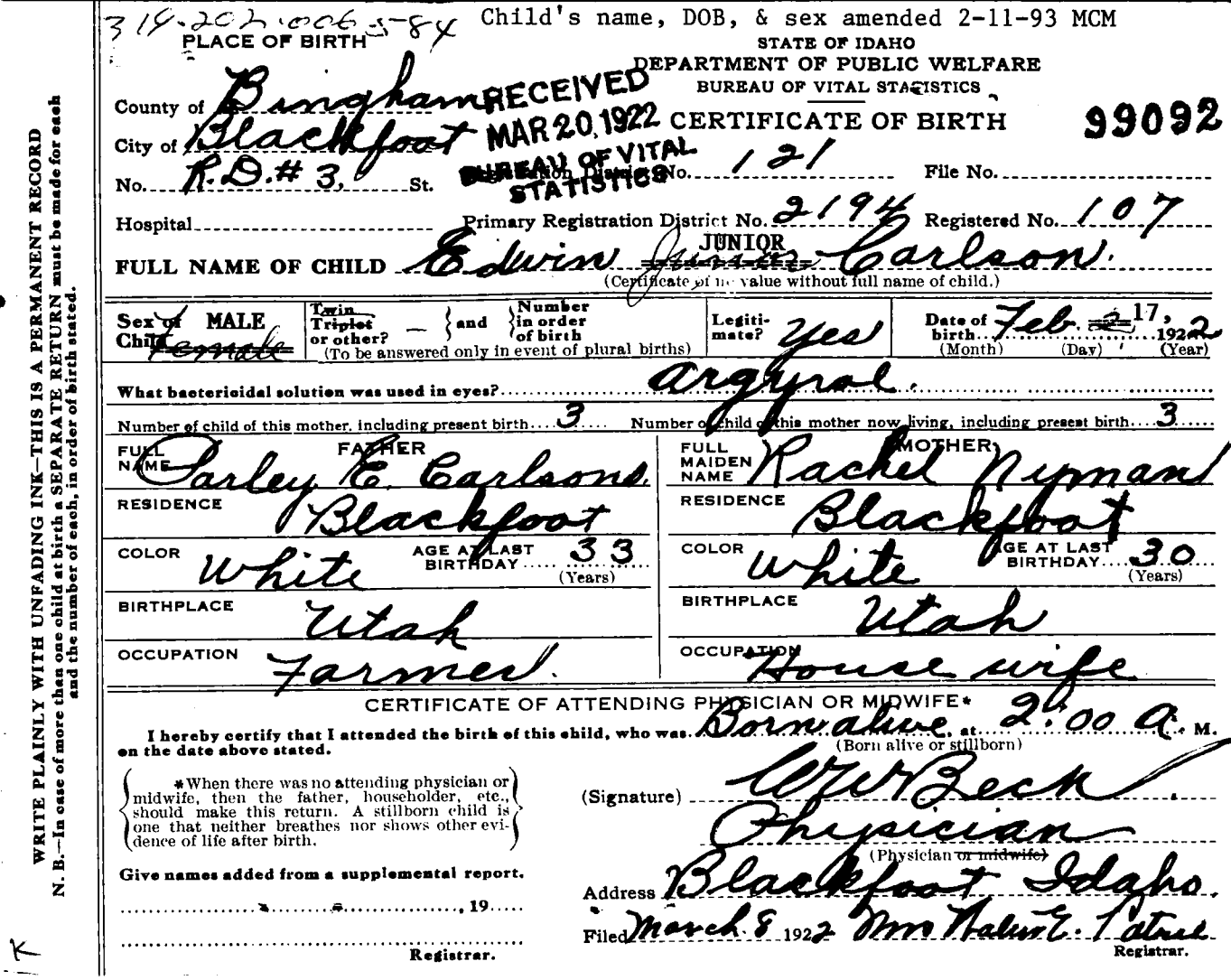
Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 26 1949



319-202-006-5-84 Child's name, DOB, & sex amended 2-11-93 MCM

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

County of Bingham

City of Blackfoot

No. R.D. # 3, St.

CERTIFICATE OF BIRTH

99092

Registration District No. 121 File No.

Hospital

Primary Registration District No. 2194 Registered No. 107

FULL NAME OF CHILD Edwin ~~Junior~~ JUNIOR Carlson.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
MALE ~~Female~~	—		Yes	Feb. ~~2~~ 17, 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? argyrol.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Farley E. Carlson	FULL MAIDEN NAME	Rachel Nyman
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C W Beck
Physician
(Physician ~~or midwife~~)

Address Blackfoot Idaho.

Filed March 8 1922 Mrs Helen E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC -1 1944

2/2/93

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Cooperative Center for Health Statistics
Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
FEB 9 1993
VITAL STATISTICS UNIT

State of Idaho
County of Bingham } ss.

Certificate No. 99092
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
for Edwin Jujior Carlson (Name on Original Certificate) who was born (Was Born, Died, etc.) on February 2, 1922 (Date of Event)
in Blackfoot, Idaho (Bingham Co.) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
date of birth	February 2, 1922	February 17, 1922
sex of child	Female	Male

Subscribed and sworn to before me this 4th day of February 1993.
Notary Public, Gloria I. Rowley
Residing at Blackfoot
My commission expires 6/25/93
(Seal)

Edwin Jujior Carlson
Signature of Applicant
288 N 150 E Blackfoot Idaho
Street Address, City, State
R324

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ___ day of ___, 19___.
Notary Public,
Residing at
My commission expires
(Seal)

Supporting Signature

Street Address, City, State

US Navy discharge shows Edwin Junior Carlson born Feb 17, 1922 in Blackfoot, male, and discharged June 11, 1946. Viewed by VS MCM.

LDS blessing certificate shows Edwin Junior Carlson born Feb 17, 1922 in Blackfoot son of Parley Carlson and Rachel Nyman and blessed May 7, 1922 by Samuel G Seamons. Viewed by VS MCM.

FEB 1 1993

813-219.006-381

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99093

County of Bingham
City of Blackfoot
No. ..... St.
Registration District No. 121 File No. .....
Hospital ..... Primary Registration District No. 2194 Registered No. 108

FULL NAME OF CHILD Constance Marie Hall
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—			Yes	Feb. 19 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wendell Ruben Hall	FULL MAIDEN NAME	Bertha Dell Chapin
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	19	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5:40 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
Physician
(Physician ~~or midwife~~)

Address Blackfoot Idaho

Filed March 8 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 23 1982

MAR 1 1 1975

259-169-006-238

PLACE OF BIRTH

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99094

County of Bingham
City of Springfield Idaho
No. ..... St.
Registration District No. 121
File No. .....
Hospital .....
Primary Registration District No. 2194
Registered No. 109

FULL NAME OF CHILD Victor Otto Berg
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	and	Yes	Feb. 19 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Hosmer Berg	FULL MAIDEN NAME	Hedwick Schoor
RESIDENCE	Springfield	RESIDENCE	Springfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Norway.	BIRTHPLACE	Germany.
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 a. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
Physician
(Physician or midwife)
Address Blackfoot Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed March 8 1922 Mrs Talent Tabor
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

c.c. 5/16/41. w.h.

235-223-006-719

PLACE OF BIRTH

RECEIVED MAR [illegible] 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99095

County of Bingham
City of Blackfoot
No. R.D. #4 St.
Registration District No. 121
File No.
Hospital
Primary Registration District No. 2194
Registered No. 110

FULL NAME OF CHILD Myrtle Nadine Stewart
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes	Feb. 23 1922.

What bacteriocidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME David Arthur Stewart	FULL MAIDEN NAME Edna Eula Gardner
RESIDENCE Blackfoot	RESIDENCE Blackfoot
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:0. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) W W Beck
Physician
(Physician or midwife)
Address Blackfoot, Idaho.

Filed March 8 1922 Mrs Helen E. Peters
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackfoot; Street: R 7 D. 1.; County: Bingham

File Number: 99095

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Feb 23 192 2

Father: David Arthur Stewart (Full Name)

Mother: Edna Lula Gardner (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Myrtle Nadine Stewart

Child's Name in Full

Edna Lula Gardner Stewart

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
0. Just at this time while many of the Ex-Service men are com-

to furnish certified copies of certificates of birth, it is im-
that the certificates be filed with the BUREAU OF VITAL STATIS-
d the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

389-225-206-649

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99096

County of Bingham

City of Moreland

No. ..... St.

Registration District No. 121 File No. .....

Hospital ..... Primary Registration District No. 2194 Registered No. 111

FULL NAME OF CHILD [illegible] La Leah Rose Christiansen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—			Yes	Feb. 25 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Chancey Christiansen	FULL MAIDEN NAME	Violet Elizabeth Furniss
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
Physician
(Physician or midwife)

Address Blackfoot Idaho

Filed March 8 1922 Mrs. Helen E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 19 1944

849-226-006 4/3

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99097

County of Bingham

City of Blackfoot

No. ____ St.

Registration District No. 121 File No. ____

Hospital ____ Primary Registration District No. 1007 Registered No. 112

FULL NAME OF CHILD Wallace Hezzie Hurst.
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
		Yes	Feb. 26 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Charles C. Hurst.	FULL MAIDEN NAME	Laura E. Mace
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer.	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 1:30 A. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician
(Physician or ~~midwife~~)

Address Blackfoot Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed March 6 1922 Mrs Nalen E. Peterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 6 A 1956
FEB 16 1956

389-226-006-632

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99098

County of Bingham
City of Blackfoot
No. R#5 St.
Registration District No. 121 File No.
Hospital
Primary Registration District No. 2194 Registered No. 113

FULL NAME OF CHILD LaVon Viola Christensen
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth Feb. 26 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John Christensen	FULL MAIDEN NAME	Lavon Olsen
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10:00 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
Physician
(Physician ~~or midwife~~)

Address Blackfoot, Idaho

Filed March 8 1922 Mrs Walter E. Patrie
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 8 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHO
FOR EACH C AND THE CASE

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackfoot

Street:

County: Bingham

File Number: 99098

Registration Dist. No.:

Date of Birth: Feb. 26 1922.

Sex of Child: Female

Father: John Christensen (Full Name)

Mother: La Von E. Olsen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

La Von Vida Christensen
Child's Name in Full

Mrs. John Christensen
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

693-206-006-312

Form V. S. No. 11-G—25m-9-8-17

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 408 N. Main St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 File No. 99099

Primary Registration District No. 1007 Registered No. 114

FULL NAME OF CHILD Ruth Pinella Williams

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Feb 6 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Kay Williams	FULL MAIDEN NAME	Estelle Carper
RESIDENCE	Blackfoot Ida	RESIDENCE	Do
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Colo	BIRTHPLACE	Tenn
OCCUPATION	Auto Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 3 a. (Born alive or stillborn) at 11 35 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrick

MD (Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Registrar

Filed March 8 1922 Mrs Helen E. Patrick Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

APR 7 - 1927

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City ..... Blackfoot

Street ..... 400 N. Main

County ..... Bingham

File Number 99099

Registration Dist. No. 121

Sex of Child ..... Female

Date of Birth ..... Feb. 6 1927

Father ..... Kay Williams
Full Name

Mother ..... Estella Casper
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

..... Ruth Rene Pinella Williams .....
Child's Name in Full

The physician overlooked putting the date of birth of your child on the birth report. Would you kindly give us this information and return as soon as possible?

Mrs. Estella M. Williams
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

318-205-006 249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 99100

County of Bingham
City of Blackfoot
No 484 N. Fisher St.
Registration District No. 121
File No.
Hospital
Primary Registration District No. 1007
Registered No. 110

FULL NAME OF CHILD Bonnie Taylor
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	July 5, 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Edwin Taylor	FULL MAIDEN NAME Rose May Smith
RESIDENCE Blackfoot, Idaho	RESIDENCE Blackfoot Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Automobile Mechanic	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Mitchell M.D.
(Physician or midwife)

Address Blackfoot, Idaho

Filed March 8, 1922 Mrs. Thales E. Olive
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

632-209-006-643

[redacted] F BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 99101

[redacted] ...ngham
...feat

No. Greenland St. Registration District No. 121 File No.

Hospital Primary Registration District No. 2194 Registered No. 116

FULL NAME OF CHILD Violet Pearl Ockerman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Feb. 9 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Jas. Alvin Ockerman	FULL MAIDEN NAME	Pearl Fullmer
RESIDENCE	Blackfoot, Idaho #4	RESIDENCE	Blackfoot, Idaho #4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	B. Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. R. C. Mitchell M.D.
(Physician or midwife)

Address Blackfoot, Idaho.

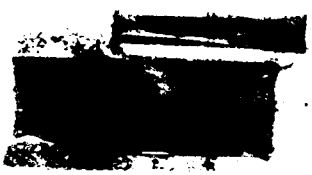
Filed March 8 1922 Mrs Walter E. Pabine
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



749-217-006-953

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. Ward #1 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 99102

Primary Registration District No. 1001 Registered No. 117

FULL NAME OF CHILD JESUS Guzman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Feb 17 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Jacinto Guzman	FULL MAIDEN NAME	Miguelito Reles
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	Mexican	COLOR	Mexican
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Laborer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9.01 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.

(Physician or midwife)

Address Blackfoot, Idaho

Filed March 8 1922 [illegible]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
ILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.
It establishes legally the date of the child's birth, parentage

Form No. 88
FOREIGN SERVICE
(Correct March 1914)

Certificate of Acknowledgment of Execution of Document

United Mexican States
(Country)

State of Chihuahua
(County or other political division)
Consulate of the United States of America at Ciudad Juarez
(Name of consular office)
} ss:

I, Sabin J. Dalferes, Vice Consul of the United States of America at Ciudad Juarez, Mexico, duly commissioned and qualified, do hereby certify that on this twelfth day of November 1941 (Date), before me personally appeared Jacinto Guzman .....

to me personally known, and known to me to be the individual described in, whose name is subscribed to, and who executed the annexed instrument, and being informed by me of the contents of said instrument he duly acknowledged to me that he executed the same freely and voluntarily for the uses and purposes therein mentioned.

[SEAL]

AUG 27 1946

In witness whereof I have hereunto set my hand and official seal the day and year last above written.

Sabin J. Dalferes

Sabin J. Dalferes
Vice Consul of the United States of America

Service No.:
2450

FEE NO. 33, TWO DOLLARS
Item No. 28

NOTE.—Wherever practicable all signatures to a document should be included in one certificate.

U. S. GOVERNMENT PRINTING OFFICE 16—15041

NOV 18 1941

AMERICAN CONSULATE
CIUDAD JUAREZ

APR 6 1976

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of .....
} ss.
County of .....

Certificate No. 99102

Date Filed .....

17 19

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for Unnamed Gusman (Name on original certificate) who was born (Was born or died) on February, 17, 1922. (Date of event)

in Blackfoot, Idaho. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by Babtismal record (Bible record, insurance policy, etc.) except Z on Guzman Babtized prepared on February, 30, 1922 St Bernard Church, Blackfoot, Idaho, are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Surname	Gusman	Guzman
Name	Unnamed	Jesus

Subscribed and sworn to before me this .....

day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

[SEAL]

Signed Jacinto Guzman (His + Mark)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
} ss.
County of .....

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19.....

Signed .....

(Signature of any credible person other than the previous affiant.)

449-221-006-165

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Thomas St.

Registration District No. 121 File No. 99103

Hospital

Primary Registration District No. 2194 Registered No. 118

FULL NAME OF CHILD Velda Murdock
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Feb 21 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Dan L. Murdock	FULL MAIDEN NAME	Pearl Jones
RESIDENCE	Blackfoot, Idaho #2	RESIDENCE	Blackfoot, Idaho #2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M. D.
(Physician or midwife)

Address Blackfoot, Idaho

Filed March 8 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

238-220 1006-753

County of Bingham

City of Firth

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED 1922

CERTIFICATE OF BIRTH

99104

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 119

FULL NAME OF CHILD ~~Violet Lennais Style~~ LENNEA V. STYHL

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Feb 20th 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Alfred ~~Style~~ STYHL	FULL MAIDEN NAME	Selma M. Peterson
RESIDENCE	Firth, Idaho	RESIDENCE	Firth, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	54	AGE AT LAST BIRTHDAY (Years)	46
BIRTHPLACE	Sweeden	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9. 9 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M. D.

(Physician or midwife)

Address Blackfoot Idaho

Filed March 8 1922 Mrs Thalia E. Patrick

Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 00; 99104

County of Bingham } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on (DATE OF EVENT)

in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Surname	Style	Styhl
Name	Violet Lennois	Lennea V. Styhl
Date	Feb. 22	Feb. 20, 1922

Subscribed and sworn to before me this 2nd day of December, 1942

Leo W. Gushwa

Notary Public, residing at Firth Ida

My commission expires July 7 - 1944

(SEAL)

Signed Selma W. Styhl (Mother)

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

[illegible]

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Bingham }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of December, 1942

Leo W. Gushwa

Notary Public, residing at Firth Ida

My commission expires July 7 - 1944

(SEAL)

Signed Alfred Styhl (Father)

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Firth Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

JAN 9 1943

618202.006-915

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Blackfoot

No. ..... St.

Registration District No. 121 File No. 99105

Hospital ..... Primary Registration District No. 2194 Registered No. 120

FULL NAME OF CHILD Myrtle Farnsworth (allean)
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	2 2 1922

What bactericidal solution was used in eyes? Silver nitrate 2% sol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ivan Allen Farnsworth	FULL MAIDEN NAME	Myrtle Ilen Randall
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton M.D.
(Physician or midwife)

Address Blackfoot Ida

Filed March 9 1922 Mrs Helen E. Petrie
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 15 1949

613-203006-229

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99106

RECEIVED MAR 26 1922

County of Bingham

City of Aberdeen

No. ..... St.

Registration District No. 116 File No. B

Hospital ..... Primary Registration District No. 255 Registered No. 674

FULL NAME OF CHILD Miriam Walker

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Feb 3 1922

What bacteriocidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Lester Earl Walker	FULL MAIDEN NAME	Mabel Luna Skinner
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Irrigation Engineer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. MacKinnon M.D.

Physician

(Physician or midwife)

Address Aberdeen Ida

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Feb 3 1922 W. C. MacKinnon

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1942

966-106-006-789

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

20107

County of Bingham

City of Aberdeen

RECEIVED MAR 26 1922

No. ____ St.

Registration District No. 116 File No. ____

Hospital ____ Primary Registration District No. 2195 Registered No. 685

FULL NAME OF CHILD Miles Lenora Rowe

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	— and —	—	Yes	Feb 6 1922

(To be answered only in event of plural births)

What bacterioidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Willard Alfred Rowe	FULL MAIDEN NAME Margaret Ann Phillips
RESIDENCE American Falls Ida	RESIDENCE American Falls Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE South Dakota	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn, at ____ P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mackinnon M.D.

Physician

(Physician or midwife)

Address Aberdeen Ida

Filed Mar 6 1922 Mackinnon

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]RAL REASONS WHY A CERTIF[illegible]
[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Aberdeen, Idaho

File Number: 99107

Street:

Registration Dist. No.:

County: Bingham

Date of Birth: Feb. 6, 192[illegible]

Sex of Child: Male

Father: Willard Alfred Rowe (Full Name)

Mother: Anna Phillips (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Miles Lewis Rowe

Child's Name in Full

Willard Alfred Rowe

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

895-214-006-419

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 20 ... BUREAU

CERTIFICATE OF BIRTH

99108

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Registration District No. 116 File No. .....

Primary Registration District No. 2195 Registered No. 696

FULL NAME OF CHILD Rosella Hiebert
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin		1	Yes	Feb 14 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John Nicholas Hiebert	FULL MAIDEN NAME	Sarah Martens
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Minnesota	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 20 p M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McMurtrie Kinnon MD

Physician
(Physician or midwife)

Address Aberdeen Ida

Filed Feb 14 1922 McMurtrie Kinnon
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1 1942

895-214-006-419

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St. Registration District No. 116 File No. B 99109

Hospital ..... Primary Registration District No. 2135 Registered No. 697

FULL NAME OF CHILD Nicola Hiebert

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin	2 (To be answered only in event of plural births)	Yes	Feb 14 1922

What bacteriolidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	John Nicholas Hiebert	Sarah Martens
RESIDENCE	Aberdeen Ida	Aberdeen Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	28
BIRTHPLACE	Minnesota	Russia
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 40 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jas. C. McCammon MD

Physician

(Physician or midwife)

Address Aberdeen Ida

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Feb 14 1922 McCammon

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 11 1942

295·119·006-255

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAR 2 1922

County of Bingham

City of Aberdeen

No. ..... St.

Registration District No. 116 File No. 99110

Hospital ..... Primary Registration District No. 2195 Registered No. 698

FULL NAME OF CHILD Lowell D. King
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? — and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Feb 19 1922

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Paul Dean King	FULL MAIDEN NAME	Sabra Kendall
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	South Dakota	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McCurer Kinnon M D
physician
(Physician or midwife)

Address Aberdeen Ida

Filed Feb 19 1922 McCurer Kinnon
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-22-1006-845

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 20 1972
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

98111

County of Bingham
City of Aberdeen
No. ..... St.
Registration District No. 116
File No. .....
Hospital .....
Primary Registration District No. 2185
Registered No. 695

FULL NAME OF CHILD Lillian Grace Mann
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb 24 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Joseph B A Mann	FULL MAIDEN NAME	Alice M Hunt
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Wm. C. MacKinnon M.D.
Physician
(Physician or midwife)
Address Aberdeen Ida

Filed Feb 24 1922 Wm. C. MacKinnon
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 27, 1941. E.W.

239-124-006-[redacted]

PLACE OF BIRT[redacted] OF IDAHO
[redacted] OF PUBLIC WELFARE
BU[redacted] OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Sterling

No. ..... St.

Hospital .....

Registration District No. 116 File No. 99112

Primary Registration District No. 2155 Registered No. 700

FULL NAME OF CHILD Harold Ward Stroschein
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Feb 24 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Earl Ward Stroschein	FULL MAIDEN NAME	Uva Gertrude Miller
RESIDENCE	Sterling Ida	RESIDENCE	Sterling Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Wisconsin	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McCann Kinnon M.D.

Physician
(Physician or midwife)

Address Sterling Ida

Filed Feb 24 1922 McCann Kinnon
Registrar.

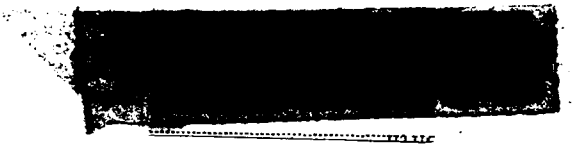
Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



SEP 9 1942

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

853-107-097-148

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Bellevue

Registration District No. 57 File No. 99113

No. ..... St.

Primary Registration District No. 2022 Registered No. 15

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	2 7 1922

FATHER		MOTHER	
FULL NAME	Oscar Wm Heckhart	FULL MAIDEN NAME	Evelyn Johnson
RESIDENCE	Bellevue, Ida	RESIDENCE	Bellevue, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	So. Dakota	BIRTHPLACE	Nevada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Hailey, Ida

Filed 2-21 1922 Robert H. Wright

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

263-110-007-535

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED MAR 3 1922

CERTIFICATE OF BIRTH

Registration District No. 57 File No. 99114

Primary Registration District No. 2022 Registered No. 16

FULL NAME OF CHILD Robert Rudolph Balliger

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	2	10	1922

FATHER		MOTHER	
FULL NAME	Rudolph Balliger	FULL MAIDEN NAME	Lettie Van Fleet
RESIDENCE	Hailey, Ida	RESIDENCE	Hailey, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Colorado
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:20 P.M. on the date above stated.

(Signature) Robert A. Wright. M.D.

(Physician or midwife)

Address Hailey Ida.

Filed 2-21 1922

Robert A. Wright
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19____

Registrar

APR 3 1970

JAN 20 1958

MAR 2 1945

231-218-007-168

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAR 1922 BUREAU OF VITAL STATISTICS

Registration District No. 57 File No. 99115

Primary Registration District No. 2022 Registered No. 17

FULL NAME OF CHILD Margaret Elizabeth Black

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	2 18 1922

FATHER		MOTHER	
FULL NAME	Charles Edmon Black	FULL MAIDEN NAME	Margaret G. Jones
RESIDENCE	Bellevue, Ida	RESIDENCE	Bellevue, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Hailey, Ida

Filed 2-21 1922 R. H. Wright

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

APR 7 - 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Bellevue

Street: .....

County: Blaine

File Number: 99115

Registration Dist. No. .....

Sex of Child: female

Date of Birth: Feb. 18 192 2

Father: Charles Edman Black (Full Name)

Mother: Margaret Geraldine Jones (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Margaret Elizabeth Black

Child's Name in Full

Mrs. Charles E. Black

Signature of Father or Mother

FEB 6 1953

MAY 1

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

335-202-007-281

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99116

County of Blaine

City of Sannette

Registration District No. 57

File No.

No. St.

Primary Registration District No. 2022

Registered No. 18

Hospital

FULL NAME OF CHILD Ruth Elizabeth Clements

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 2 (Month) 2 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Alva B Clements	FULL MAIDEN NAME	Catherine Shannon
RESIDENCE	Sannette, Idaho	RESIDENCE	Sannette, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Wyoming
OCCUPATION	Diary man	OCCUPATION	House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 45 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Harley, Idaho

Filed 2-21 1922 Robert H. Wright Registrar

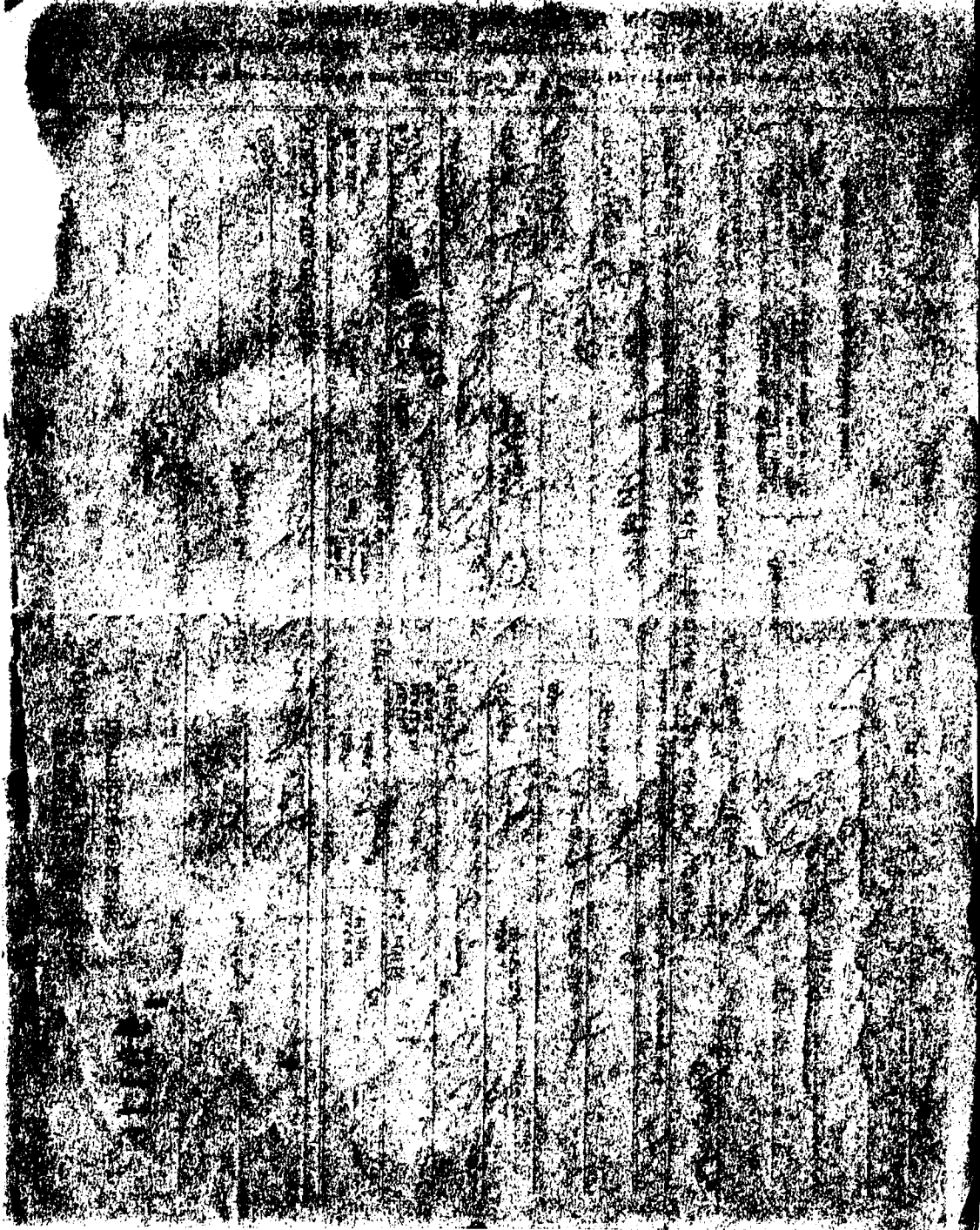
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



231-208'007-959

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99117

County of Blaine

City of Carey

No. ..... St.

Registration District No. 57 File No. .....

Primary Registration District No. 2095 Registered No. 19

Hospital .....

FULL NAME OF CHILD Katherine Elna Stanford

February 7, 1922

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	2-8-1922

FATHER		MOTHER	
FULL NAME	J. Sedley Stanford	FULL MAIDEN NAME	Ida Pearl Ivie
RESIDENCE	Carey	RESIDENCE	Carey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	School teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornaline (Born alive or stillborn), at 4:10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E. Snyder

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Carey

Filed 2-21 1922 Robert H. Wright Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

APR 7 - 1922

Boise, Idaho, Apr. 1 T. 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Carey

Place of Birth — Street:

Place of Birth — County: Blaine

File Number: 99117

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Feb. 7 1922

Father: Joseph Dedley Stanford (Full Name)

Mother: Ida Pearl Ivie (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Katherine Elna Stanford
Child's Name in Full

Pearl Stanford
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

264-117-007-345

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99118

County of Blaine

City of Hailey

No. ..... St.

Registration District No. 57

File No. .....

Primary Registration District No. 2022

Registered No. 20

Hospital .....

FULL NAME OF CHILD Gustav Frederick Bodwell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male			Yes	2	17	1922

FATHER	MOTHER
FULL NAME Clarence Leroy Bodwell	FULL MAIDEN NAME Anna Dungseth
RESIDENCE Hailey, Ida	RESIDENCE Hailey, Ida
COLOR White	AGE AT LAST BIRTHDAY 35 (Years)
COLOR White	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE British Columbia	BIRTHPLACE Norway
OCCUPATION Printer	OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) Robert A. Wright, M. D.

(Physician or midwife)

Address Hailey, Ida

Filed 3-25 1922 Robert A. Wright
Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

APR - 1923

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested, in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City ...Hailey.....

Street .....

County Blaine

File Number 99118

Registration Dist. No. .....

Sex of Child.....Male.....

Date of Birth ....Faburary..17th...1923..

Father ...Clarence L. Bodwell.....
Full Name

Mother ..Anna Teresa Tungseth.....
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Gustav Frederick Bodwell
Child's Name in Full

Clarence L. Bodwell
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

142-121-007-385

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine — RECEIVED — NOV 1922 — VITAL STATISTICS

City of Hailey — Registration District No. 57 — File No. 99119

No. ____ St. ____

Primary Registration District No. 2022 — Registered No. 21

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb 21 1922

FATHER		MOTHER	
FULL NAME	James C. Adkins	FULL MAIDEN NAME	Loma Lynch
RESIDENCE	Hailey, Idaho	RESIDENCE	Hailey, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:30 P M. on the date above stated.

(Signature) Robert H. Wright. M. D.

(Physician or midwife)

Address Hailey, Ida

Filed J. - 25 '22 — Robert H. Wright — Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

361-219-007-789

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
[illegible] 1922
VITAL

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

Registration District No. 57 File No. 99120

No. ____ St.

Primary Registration District No. 2075 Registered No. 22

Hospital ____

FULL NAME OF CHILD Arletta Bernice Coates

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes	2	14	1922

FATHER

FULL NAME Nathan P Coates ~~Coates~~

RESIDENCE Carey

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Vera M Pyrah

RESIDENCE Carey

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:15 P M. on the date above stated.

(Signature) Houston E Snyder

Physician

(Physician or midwife)

Address Carey Idaho.

Filed 2-21 1922 Robert H. Wright

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

APR 7 - 1932

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City ..... Carey .....

Street .....

County ..... Blaine .....

File Number ..... 99120 .....

Registration Dist. No. .....

Sex of Child..... Female .....

Date of Birth ..... Feb. 19 .....192 ~~2~~.

Father Nathan Paul Coates
Full Name

Mother Vera Marguerite Pyrah
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Arletta Bernice Coates
Child's Name in Full

Mrs. Nathan P. Coates
Signature of Father or Mother

[illegible] 7 1912

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

763-124-007-464

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

RECEIVED ... 1922 BUREAU OF VITAL STATISTICS

Registration District No. 57

File No. 99121

Primary Registration District No. 2022

Registered No. 23

FULL NAME OF CHILD Charles D. Goldsberry Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	First (To be answered only in event of plural births)	yes	Feb (Month) 24 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Charles D. Goldsberry	FULL MAIDEN NAME	Emily Dougherty
RESIDENCE	Hailey Idaho	RESIDENCE	Hailey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ft Collins Colo	BIRTHPLACE	St Louis Mo
OCCUPATION	Book Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Feb 24 1922 (Born alive or stillborn), at 6.30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. T. Broch

M.D. (Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Hailey Idaho

Filed 2-28 1922 Robert H. Wright

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-208-007-967

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
MAR 20 1922
VITAL

PLACE OF BIRTH

County of Blaine

City of Hailey

No. _____ St.

Hospital _____

Registration District No. 57

Primary Registration District No. 2022

File No. 99122

Registered No. 24

FULL NAME OF CHILD MARY LENORE CORLEY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	1	yes	2-8-22

FATHER		MOTHER	
FULL NAME	Merkle H. Corley	FULL MAIDEN NAME	Julia Roper
RESIDENCE	Hailey Idaho	RESIDENCE	Hailey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Cabinet Maker	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Em Fox

Physician (Physician or midwife)

Address Hailey, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

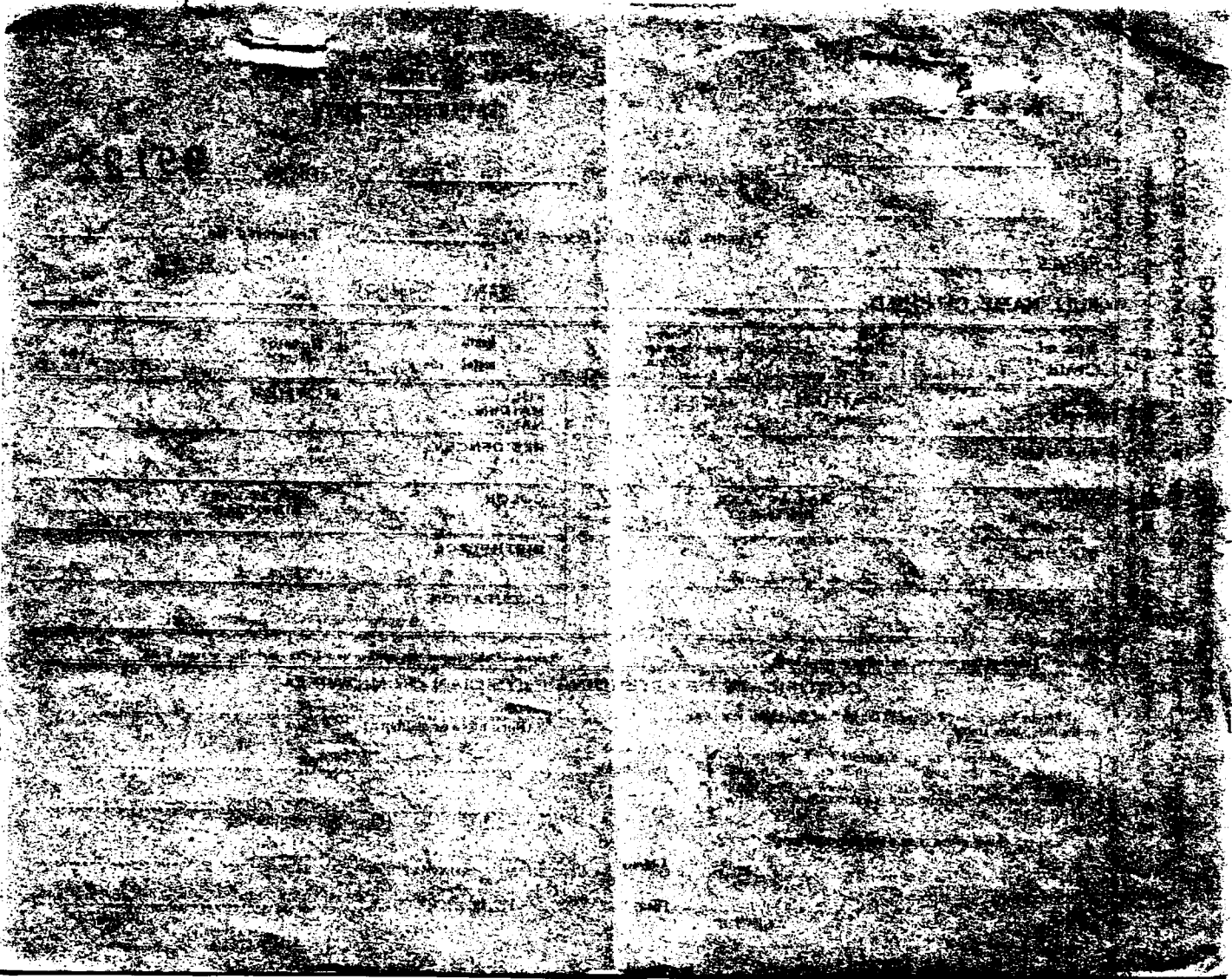
Filed 3-10 19 22 Robert H. Wright Registrar

S-Y CO. 24625

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Arkansas } ss.
County of Garland }

Certificate No. 99122

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth. (Birth or Death)
for Mary Lenore Corley (Name on Original Certificate) who was (Was Born or Died) on Feb.8,1922 (Date of Event)
in Hailey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Bible (Bible Record, Insurance Policy, Etc.) prepared on June 8, 1930 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Mary Lenore Corley

Subscribed and sworn to before me this 14th day of July, 1942

Notary Public, residing at Hot Springs, Ark

My commission expires April 13, 1945 (Seal)

Signed Juliet D. Corley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

203 Virginia St-Hot Springs, Ark
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arkansas } ss.
County of Garland }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of July, 1942

Signed Jessie Roper Franks
(Signature of Any Credible Person Other Than Previous Year)

JUL 24 1942

MAR 6 1975

369-108-207-967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

RECEIVED MAR 10 1922 VITAL STATISTICS

Form V. S. No. 11-C—Rev-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 57

File No. 99123

Primary Registration District No. 2022

Registered No. 25

FULL NAME OF CHILD Carley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin	2	Yes	2 8 22

FATHER

FULL NAME Merle A. Carley

RESIDENCE Hailey, Idaho

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Arkansas

OCCUPATION Cabinet maker

MOTHER

FULL MAIDEN NAME Julia Roper

RESIDENCE Hailey, Idaho

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Arkansas

OCCUPATION House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Physician

(Physician or midwife)

Address Hailey, Idaho

Given names added from a supplemental report.

..... 19.....

Filed 3-10 19 22 Robt. H. Wright

Registrar

..... Registrar

S-Y CO. 24688

553

PL[illegible]

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ge[illegible]

City of Emmett

No. _____ St.

Hospital _____

Registration District No. 6

Primary Registration District No. _____

File No. 99125

Registered No. _____

Full Name of Child Luella Nelson

SEX OF CHILD: Fe	Twin Triplet or other? (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH: Mar (Month) 27 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Adrian Nelson	FULL MAIDEN NAME	Neoma Addell Denton
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Byrd M.D.

(Physician or midwife)

Given names added from a supplemental report.

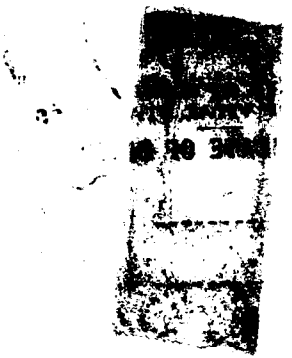
_____ 19____

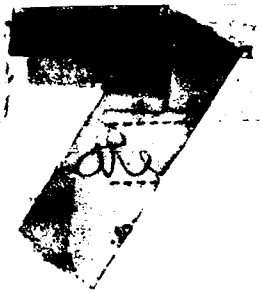
Registrar

Address Emmett Idaho

Filed 4/3 1922 J L Reynolds

Registrar





MAR 11 1957

266-131-008-236

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

County of Boise

City of Horseshoe Bend

No. _____ St.

Hospital _____

STATE BUREAU OF CERTIFICATES

Registration District No. 6

Primary Registration District No. _____

File No. 99126

Registered No. _____

Full Name of Child Robert Francis Bowers

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Male			Yes	Mar 31 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert Bowers	FULL MAIDEN NAME	Frances Stone
RESIDENCE	Horseshoe Bend Ida	RESIDENCE	Horseshoe Bend
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:45 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Byrd M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Emmett Idaho

Registrar

Filed 4/3 1922 J. L. Reynolds Registrar

order of birth stated.

Dup of 1922-106213 B
1922-103639

NOT

814-214023-415

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99127

County of Ada

City of Emmett

No. ..... St. ..... Registration District No. 6 File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Geary Hamblin

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes	2 14 1922

What bacteriocidal solution was used in eyes? Ag no 3

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Lewis Hamblin	FULL MAIDEN NAME Ruth Manley
RESIDENCE Emmett	RESIDENCE Emmett
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Samaria Ida	BIRTHPLACE Red Lake Falls Minn
OCCUPATION Teacher	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 30 a M. on the date above stated.

(Signature) R N Cummings

(Physician or midwife)

Address Emmett

Filed 3/7 1922 J L Reynolds Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

County of .....

FEB 2 1966

MAR 19 1968

234-114-023-962

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED APR 5 1922

County of Ada

City of Emmett

No. ____ State Registration District No. 6 File No. 99128

Hospital ____ Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Kenneth Glade Bluston

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	and		yes	7 14 1922

What bactericidal solution was used in eyes? 1% Argno 3

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Jess H Bluston	FULL MAIDEN NAME	Nellie Robinson
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Caldwell Kans	BIRTHPLACE	Sathorn Kans
OCCUPATION	Mechanic	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. N. Cummings

(Physician or midwife)

Address Emmett

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed 3/9 1922 J. L. Reynolds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOUL
EACH CHILD AND THE SAME COMPLETED WITH THE

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

CEIVED
P 27 192
AU OF VITAL
STATISTICS

Place of Birth — City: Emmett

Street: Wardwell 407

County: Gem

File Number: 99128

Registration Dist. No.:

Date of Birth: Feb. 14 192 2

Sex of Child: Male

Father: Jesse William Burton (Full Name)

Mother: Nellie Grace Robins (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Kenneth Glade Burton

Child's Name in Full

Mrs Nellie Burton

Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

639-210-023-513

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 5 1922

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

Registration District No. 6

File No. 99129

No. ..... St.

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Eva Lucile Oliver

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	2 — 10 — 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hugh A. Oliver	Eva M Hall
RESIDENCE	Emmett	Emmett
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	23	17
BIRTHPLACE	Ill.	Neb
OCCUPATION	Laborer	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7.40 P M. on the date above stated.

(Signature) Burton O Clark

(Physician or midwife)

Address .....

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar.

Filed 3/18 1922

J L Reynolds

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

APR 7 - 1922

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Emmett Idaho

Street: twelfth

County: Gem

File Number: 99129

Registration Dist. No.:

Date of Birth: March 10th 192.2

Sex of Child: Female

Father: Hugh Alonzo Oliver (Full Name)

Mother: Eva Marie Nall (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Eva Lucile Oliver

Child's Name in Full

Eva Oliver Hugh Oliver

Signature of Father or Mother

NOV 8 1967

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

296-222-023 294

PLACE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Rd Emmett

Registration District No. 6

File No. 99130

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Ernestine Loreine Krousk

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	2-22-1922

	FATHER	MOTHER
FULL NAME	Ernest B Krousk	FULL MAIDEN NAME Mercedes M Bushman
RESIDENCE	Emmett Ida	Emmett
COLOR	white	white
AGE AT LAST BIRTHDAY	24 (Years)	17 (Years)
BIRTHPLACE	Ind	Ida.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burton O. Clark.

(Physician or midwife)

Address Emmett Ida

Given names added from a supplemental report. ..... 19.....

Filed 3/19 1922 J. H. Reynolds
Registrar.

.....
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 25 1972

468-112-023-468

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

Registration District No. 6 File No. 99131

No. ..... St.

Primary Registration District No. 1 Registered No. .....

Hospital .....

FULL NAME OF CHILD William Doherty

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	yes	3 - 12 - 1922

FATHER		MOTHER	
FULL NAME	John Doherty	FULL MAIDEN NAME	Mary E. Doyle
RESIDENCE	Emmett	RESIDENCE	Emmett Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	N. J.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burton O. Clark
(Physician or midwife)

Address Emmett

Given names added from a supplemental report. ..... 19.....

Filed 3/18 1922 J. H. Reynolds
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OHAO!

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

APR 7 - 192[illegible]

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Emmett; Street 7th Wardwell; County Gem

File Number 99131

Registration Dist. No. .....

Sex of Child Male

Date of Birth 12 March 192...

Father John Doherty (Full Name)

Mother Mary Doyle (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

William Doherty
Child's Name in Full

Mrs John Doherty
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

434-213-023-162

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99132

County of Gem

City of Emmett

Registration District No. 4 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Shirley Edith McDowell

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female	—		4	yes	3	13	1922

FATHER		MOTHER	
FULL NAME	Wilmot M McDowell	FULL MAIDEN NAME	Edith Joslin
RESIDENCE	Emmett Ida	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ind	BIRTHPLACE	N J
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Burton Oflark

(Physician or midwife)

Address Emmett Ida

Given names added from a supplemental report.

19

Registrar.

Filed 3/18 1922 J. L. Reynolds
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

am:

name of your baby was not filled in on the birth certificate sent to this office. It is of vital importve the full name included in the record. Kindly fill in the information requested in the blank below this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

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ty Emmett

File Number 99132

reet .....

Registration Dist. No. .....

unty Gem

Date of Birth March 13 1927

ild Female

Wilmot Mayo McDowell
Full Name

Father

Mother Edith Stella Justin
Full Maiden Name

BY CERTIFY that the child described herein has been named:

Shirley Edith McDowell
Child's Name in Full

Miss Edith McDowell.
Signature of Father or Mother

OCT 21 1943

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH S
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE

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Birth registration is part of every child's birth

It establishes legally the date of the child's bi
and legitimacy.

It enables the Public Health Nurse to make sure
been protected from danger of blindness and other infect

- - - - IT SHOWS AT LATER PERIODS OF LIFE: -

1. The correct age for purposes of school attend
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service

pelled to furnish certified copies of certificates of bir
portant that the certificates be filed with the BUREAU OF
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Place of Birth: Cit / St / Co

Sex of Ch

Father

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PLEASE ASSIST BY FURNISHING THE NAME OF YOUR C

132-201-023-995

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Registration District No. 6

File No. 99133

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Betty Lou Atkins
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	3 / 1 / 1922

What bacteriedal solution was used in eyes? 1% Nitrate Silver Sol.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lonie Richard Atkins	Carey Irene Rinkes
RESIDENCE	Emmett Ida	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	26
BIRTHPLACE	Iowa	Idaho
OCCUPATION	Garage Mechanic	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2-30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Address Emmett

Filed 3/13 1922 J. L. Reynolds
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 19 1941

942-101-023-652

PLACE OF BIRTH

RECEIVED
APR 5 1922
VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Registration District No. 4

File No. 99134

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Ralph Bernard Russell

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	3 / 1 / 1922

What bactericidal solution was used in eyes? Solves Tablets 1%

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

	FATHER	MOTHER
FULL NAME	David S Russell	Etta Webb
RESIDENCE	Emmett Idaho	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	37
BIRTHPLACE	Kentucky	Idaho
OCCUPATION	Carpenter	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

(Signature) J L Reynolds

(Physician or midwife)

Address Emmett

Filed 3/13 1922 J L Reynolds
Registrar.

...n UNFADING INK—THIS IS A PERMANENT RECORD
...re than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED APR 15 [illegible]

Place of Birth: City Emmett; Street 5 & Johns; County Gem

File Number 99134

Registration Dist. No.

Sex of Child Male

Date of Birth Mar. 1 192[illegible]

Father David G. Russell (Full Name)

Mother Etta M. Webb (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ralph Bernard Russell
Child's Name in Full

Mrs. D. G. Russell
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

c.c. 6/10/41. w.h.

381-12-013-942

PLACE OF BIRTH

RECEIVED APR 5 1922 VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99135

County of Ada

City of Emmett

No. ..... St.

Registration District No. 6

File No. .....

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Robert Levin Chadwick
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	2 / 27 / 1922

What bactericidal solution was used in eyes? Silver Nit 1% sol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Robert John Chadwick	FULL MAIDEN NAME Florence Ennis Russel
RESIDENCE	Emmett	Emmett
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	20	17
BIRTHPLACE	Nebr.	Minn
OCCUPATION	Mill Labor	Home Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10-15 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) J L Reynolds
(Physician or midwife)

Address Emmett Idaho

Filed 3/1/1922 J L Reynolds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

431-219, 223-168

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 99136

County of [redacted]

City of Emmett

No. [redacted] St.

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Vera Louise McAnulty

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	2 / 19 / 1922

What bactericidal solution was used in eyes? 2 Drops Nit. 1%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Charles Earnest McAnulty	FULL MAIDEN NAME	Virgie Doras Johnson
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Saw Mill Labor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 2 / 20 1922 J. L. Reynolds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 21 1942

[redacted]

JAN 5 - 1966

DEC 9 1941

693-126-023168

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Emmett

No. ..... St.

Registration District No. 6

File No. 99137

Hospital

Primary Registration District No.

Registered No.

FULL NAME OF CHILD James Ray Williams

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	3 / 26 / 1922

What bactericidal solution was used in eyes? Silver 1%

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Thomas Harris Williams	FULL MAIDEN NAME	Grace Johnson
RESIDENCE	Emmett Ida	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett

Filed 3/28 1922 J. L. Reynolds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RAL REASONS WHY A CERTIFICATE OF BIRTH
CH CHILD AND THE SAME COMPL[illegible]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Emmett

Street:

County: Gem

File Number: 99137

Registration Dist. No.:

Date of Birth: March 26 1922

Sex of Child: Male

Father: J. H. Williams
Full Name

Mother: Alta Grace Johnson
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

James Ray Williams
Child's Name in Full

Thomas H. Williams
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

315-119-023-219

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 5 1922
BUREAU OF

CERTIFICATE OF BIRTH

County of Ada

City of Emmett

No. ..... St.

Registration District No. 6

File No. 99138

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD James Bruce Cantrall

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	2/12/1922

What bactericidal solution was used in eyes? Nitrate Silver 1%

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Daniel Fred Cantrall	Nora Maxwell Barnard
RESIDENCE	Alma Ada	~~Nora Maxwell Barnard~~
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Calif	Neb.
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11:50 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Reynolds

(Physician or midwife)

Address Emmett

Filed 3/1 1922 J. R. Reynolds

Registrar.

Give names added from a supplemental report.

....., 192.....

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Registrar.

UNFADING INK—THIS IS A PERMANENT RECORD
Write one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 13 1

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH
..ILED FOR EACH CHILD AND THE SAME COMPLETED WITH

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Emmett

Street: .....

County: Gem

File Number: 99138

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Feb 19 192[illegible]

Father: Daniel Fredrick Cantrell (Full Name)

Mother: Nora Minerva Barn (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

James Bruce Cantrell

Child's Name in Full

Don Cantrell

Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

884-222-023-236

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED APR 5 1922

County of Gem

City of Emmett

No. ..... St.

Registration District No. 6

File No. 99139

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Bonie Rosiele Hyde
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	3/22 1922

What bactericidal solution was used in eyes? argyrite Nit 1%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Earl William Hyde	FULL MAIDEN NAME	Sarah Angeline Story
RESIDENCE	Emmett Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	N C	BIRTHPLACE	Colorado
OCCUPATION	Saw Mill Labor	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds
(Physician or midwife)

Address Emmett

Filed 3/24 1922 J L Reynolds
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

"ONS WHY A CERTIF"
"HE SAME

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Emmett

Street:

County: Gem

File Number: 99139

Registration Dist. No.:

Date of Birth: March 22 1922.

Sex of Child: Female

Father: Earl Hyde
Full Name

Mother: Lois Pauline Hyde
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Bonnie Rosalie Hyde
Child's Name in Full

Mrs. Earl Hyde
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

285-226-023-285

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ..... St.

Hospital .....

Registration District No. 6 File No. 99140

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Joie Evalena Shelley

(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female			Yes	March	26	1922

What bacteriolidal solution was used in eyes? Silver Nit 1%

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leo Franklin Shelly	Edith Stella Sherard
RESIDENCE	Emmett	Emmett
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	21
BIRTHPLACE	Idaho	Neb
OCCUPATION	Farmer	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P. M. on the date above stated.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett Ida

Filed 3/28 1922 J. L. Reynolds Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG
BUREAU OF VITAL STATISTICS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Emmett

File Number: 99140

Street:

Registration Dist. No.:

County: Gem

Sex of Child: Female

Date of Birth: Mar 26 1922

Father: George Frank Shelley (Full Name)

Mother: Edith Stella Shepard (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lois Evalena Shelley
Child's Name in Full

Edith S Shelley
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

556-27-023-691

PLACE OF BIRTH

County of Gem

City of Montour

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 99141

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Iva Ruth Gloria Powell

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	3 / 27 1922

What bacteriolidal solution was used in eyes? Silver Nit 1 %

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles William Powell	Hazel Ruth Frame
RESIDENCE	Montour Idaho	Montour
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	28
BIRTHPLACE	Oregon	Ill
OCCUPATION	Farmer	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10-15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 3/27 1922 J. L. Reynolds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE

and return this sheet, at your earliest convenience, in the enclosed

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Montour

Street:

County: Iowa

File Number: 99141

School D

Registration Dist. No.: Do not know

Sex of Child: Female

Date of Birth: March 27 1922

Father: Charles William Newell
Full Name

Mother: Hazel Ruth Frances
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Lora Ruth Gloria Newell
Child's Name in Full

Mrs. Charles W. Newell
Signature of Father or Mother

establishes legally the date of the child's birth, parentage timacy.

It enables the Public Health Nurse to make sure the child has tected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

The correct age for purposes of school attendance.
Employment.
Protection under the law.
Military and jury duty.
Right to travel unmolested in foreign lands.
Right to vote.
Right to receive pensions and inherit property.
Furnishes acceptable evidence of genealogy.
Right to get married.

Just at this time while many of the Ex-Service men are com- furnish certified copies of certificates of birth, it is im- at the certificates be filed with the BUREAU OF VITAL STATIS- he same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of Emmett

No. ____ St. Registration District No. 6 File No. 99142

Hospital ____ Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Unnamed
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	3/25/1922

What bacteriocidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Melo Jackson Phillips	FULL MAIDEN NAME	Rissa Hiesses
RESIDENCE	Emmett Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Neb
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 05 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds
(Physician or midwife)

Address Emmett

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 4/1/1922 J. L. Reynolds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814-118-009-513

PLACE OF BIRTH

[redacted] OF IDAHO
DEPT. OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Kootenai, Ida

No. ____ St.

Hospital ____

Registration District No. 76

Primary Registration District No. 2155

File No. 99143

Registered No. ____

FULL NAME OF CHILD Arthur Haugness
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Feb. 18 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 5th Number of child of this mother now living, including present birth 5

FATHER

FULL NAME: Antone Haugness

RESIDENCE: Kootenai

COLOR: White

AGE AT LAST BIRTHDAY: 44 (Years)

BIRTHPLACE: Norway

OCCUPATION: Foreman Car Repairer

MOTHER

FULL MAIDEN NAME: Christine Vali

RESIDENCE: Kootenai, Ida

COLOR: White

AGE AT LAST BIRTHDAY: 41 (Years)

BIRTHPLACE: Norway

OCCUPATION: ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.46 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) O. R. Payne M.D.

Physician (Physician or midwife)

Address Sandpoint, Idaho

Filed March 6 1922 Floyd Weadle Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

543-105-009-627

PLACE OF BIRTH

ST[redacted]O

DEPARTMEN[redacted]C WELFARE

BUREAU OF [redacted]TISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 27 Mill town St.

Hospital

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

Registration District No. 78 File No. 99144

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Waller George Nutt

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Feb 5 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ira George Richard Nutt	FULL MAIDEN NAME	Irene Bell Osgood
RESIDENCE	Laclede	RESIDENCE	Laclede
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ill.	BIRTHPLACE	Minn.
OCCUPATION	Laborer.	OCCUPATION	Hwf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9:10 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse

M D

(Physician or midwife)

Address Sandpoint

Filed March 6 1922 Floyd Wendle

Registrar.

Give names added from a supplemental report.

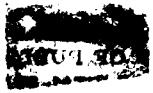
....., 19....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



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317-202009-515

PLACE OF BIRTH

RECEIVED
MAR 30 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99145

County of Bonner

City of Sandpoint

No. Route #1 St.

Registration District No. 76

File No.

Hospital

Primary Registration District No. 2155

Registered No.

FULL NAME OF CHILD Violet Pearl Lagrone
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	February 2 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Leon Lagrone	FULL MAIDEN NAME	Elodie Van Hone
RESIDENCE	Route #1, Sandpoint.	RESIDENCE	Route #1 Sandpoint
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Belgium	BIRTHPLACE	Belgium.
OCCUPATION	Farmer.	OCCUPATION	Hsekp.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse M. D.
(Physician or midwife)

Address Sandpoint

Filed March 6 1922 Floyd Weadle
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/14/41. w.h.

314-111-009-396

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99146

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

County of Bonner
City of Sandpoint
No. 404 Superior St.
Registration District No. 78
File No.
Hospital
Primary Registration District No. 2155
Registered No.

FULL NAME OF CHILD Samuel Rolland Campbell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	2 – 11 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Charles James Campbell	FULL MAIDEN NAME	Anna Jane Trosper
RESIDENCE	Morton, Ida.	RESIDENCE	Morton, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Morton, Ida	BIRTHPLACE	Kansas.
OCCUPATION	Farmer.	OCCUPATION	Hwf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6:30 A. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse
M D
(Physician or midwife)

Address Sandpoint

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed March 6 1922 Floyd Weadle
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 10 1941

JUN 18 1949

619-224-009-913

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99147

County of Bonner

City of Sandpoint

No. 510 - N Boyer

Hospital ——

RECEIVED MAR 20 1922 BUREAU STATE

Registration District No. 78 File No.

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Edith Elizabeth Warren
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Feb 24 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Russell Warren	FULL MAIDEN NAME	Virginia Ratliff
RESIDENCE	Glengary	RESIDENCE	Glengary
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Wisconsin	BIRTHPLACE	Virginia
OCCUPATION	Farmer	OCCUPATION	Hwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 3:15 A. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse
M D
(Physician or midwife)

Address Sandpoint

Filed March 6 1922 Floyd Wendle
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 14 1943

314-211-009-563

PLACE OF BIRTH

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99148

County of Bonner

City of Sandpoint, Ida.

No. ____ St.

Registration District No. 78

File No. ____

Hospital 424 Superior St Primary Registration District No. 2155

Registered No. ____

FULL NAME OF CHILD Mary Barbara Campbell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb 11, 1922

What bactericidal solution was used in eyes? Argyrol 5 o/o

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

	FATHER	MOTHER
FULL NAME	James Campbell	FULL MAIDEN NAME Mary Nobbe
RESIDENCE	Hope, Ida	Hope, Ida
COLOR	W.	White
AGE AT LAST BIRTHDAY (Years)	41	38
BIRTHPLACE	Stevens Point, Wisc	Germany
OCCUPATION	Boat Master Miner	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd Wendle M.D.
(Physician or midwife)

Address Sandpoint, Ida.

Give names added from a supplemental report.

March 6, 1922, 19....

Registrar.

Filed Mar. 6, 1922 Floyd Wendle
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4193-223-009-539

PLACE OF BIRTH

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99149

County of Bonner
City of Kootenai, Ida.
No. ..... St.
Registration District No. 76
File No. .....
Hospital .....
Primary Registration District No. 2135
Registered No. .....

FULL NAME OF CHILD Patricia Lee Miller
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes	Feb 23 1922

What bactericidal solution was used in eyes? Argyrol 50%

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

	FATHER	MOTHER
FULL NAME	Don David Miller	Amy Belle Verback
RESIDENCE	Kootenai Ida	Kootenai, Ida
COLOR	White	W.
AGE AT LAST BIRTHDAY (Years)	29	29
BIRTHPLACE	Clair Co. Mich.	St. John, Kansas
OCCUPATION	Sawmill	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Floyd Wendle M.D.
(Physician or midwife)

Address Sandpoint Ida

Filed March 6 1922 Floyd Wendle
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 2 1942

366-23-009-367

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99150

County of Bonner

City of Sandpoint

No: St.

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

Registration District No. 18 File No.

Hospital Primary Registration District No. 215-5 Registered No.

FULL NAME OF CHILD Josephine Cooper
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes	Feb 13 1922

What bactericidal solution was used in eyes? Argyrol 5 o/o

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Guy R Cooper	FULL MAIDEN NAME	Grace C. Cox
RESIDENCE	Sandpoint, Ida	RESIDENCE	Sandpoint, Ida
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Edson, Wisc	BIRTHPLACE	Salem, Md
OCCUPATION	Real Estate	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Floyd Wendle M.D.
(Physician or midwife)

Address Sandpoint, Ida

Filed March 6 1922 Floyd Wendle
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 10 1964

DEC 8 1971

249-107-009-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

RECEIVED MAR ... BUREAU ... STATE

Registration District No. 78 File No. 99151

Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Donald Glenwood Burdick
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	(To be answered only in event of plural births)	yes	2-2 1922

What bactericidal solution was used in eyes? ag N O3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Floyd Glenwood Burdick	FULL MAIDEN NAME	Valeria Verl Wilkins
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Oregon	BIRTHPLACE	Minnesota
OCCUPATION	Labour	OCCUPATION	Hsw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N R Wallentine

physician
(Physician or midwife)

Address Sandpoint Ida

Filed March 6 1922 Floyd Wendle
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

597-110-009-613

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

REC... MAR 20 ... BUREAU OF VITAL STATISTICS

Registration District No. 78 File No. 99152

Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Jackson Chester Vigne
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—		—	yes	2-10-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag NO3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Elbridge Ray Vigne	FULL MAIDEN NAME	Dallas Catherine Watt
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mich	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Hse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] (Born alive or stillborn), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W R Wallentine

physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address .....

Filed March 6 1922 Floyd Wendle
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 18 1942

OCT

745-220-009-438

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

County of Bonner

City of Kootenai

No. ..... Registration District No. 76 File No. 99153

Hospital ..... Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Mary Ellen Green
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	2 - 20 1922

What bactericidal solution was used in eyes? Ag NO3

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	John Henry Green	FULL MAIDEN NAME	Lena McHughes
RESIDENCE	Kootenai	RESIDENCE	Kootenai
COLOR	W AGE AT LAST BIRTHDAY 42 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Quebec	BIRTHPLACE	Antonio
OCCUPATION	Tobacco	OCCUPATION	H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 2 — P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N R Wallentine
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Sandpoint

Filed March 6 1922 Floyd Wendle
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-184-009-816

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 20 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Elmira do

No. ..... St.

Registration District No. 78 File No. 99154

Hosp. ..... Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Robert LeRoy Richter

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Feb 4 1922

What bactericidal solution was used in eyes? None

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	William Roy Richter	FULL MAIDEN NAME	Pearl Hawkins
RESIDENCE	Elmira Ida	RESIDENCE	Elmira Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Reardan, Wash.	BIRTHPLACE	Rose City, Mich
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4: A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roy Richter

Informant

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed March 6 1922 Floyd Wendle

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 12 1942

AUG 1 1957

312-202-009 713

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

REC... MAR 20 19.. BUREAU ... STATISTICS

County of Bonner

City of Sandpoint

No. ..... St.

Registration District No. 78 File No. 99155

Hospital Arrival

Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Jeraldine May Cash
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fem		Yes	2 - 2 - 192 2

What bactericidal solution was used in eyes? Ag No3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Arthur Cash	FULL MAIDEN NAME	Clara Mary Gatzkiewicz
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wis.	BIRTHPLACE	Minn
OCCUPATION	Truck driver	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. T. Anderson M.D.
(Physician or midwife)

Address Sandpoint Idaho

Filed March 6 1922 Floyd Wendle
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 1 0 1942

369-227-009-363

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99156

County of Bonner
City of Sandpoint
No. ..... St.
Hospital Central

Registration District No. 78 File No. .....
Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Edna May Turnbull
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fem		Yes	2 27 1922

What bactericidal solution was used in eyes? (Ag NO_3, Crude)

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Charlie Turnbull	FULL MAIDEN NAME	Irene Coleman
RESIDENCE	Eagle	RESIDENCE	Eagle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Mill Man	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Bmedlow at 3 50 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. G. Anderson
Sandpoint Ida
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address .....

Filed March 6 1922 Floyd Wendle
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 29 1950

JUL 31 1957

239-202-009-235

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Bannock

City of

No. St.

Hospital

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 78 File No. 99157

Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD ~~XXXXXXXXXXXXXXXX~~ Evelyn Bernice Strong

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes	Febry 2. 1922

FATHER		MOTHER	
FULL NAME	Harley H. Strong	FULL MAIDEN NAME	Emma M. Steele
RESIDENCE	Blanchard, Ida	RESIDENCE	Blanchard, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Kans.	BIRTHPLACE	Minn.
OCCUPATION	logger	OCCUPATION	housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Rathdrum, Ida

19

Registrar

Filed March 6 1922 Floyd Wendle Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 10 1945

864-222-009-699

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99158

County of Bonner

City of Priest River Ida

No. ..... St. Registration District No. 85 File No. 3

Hospital ..... Primary Registration District No. 2185 Registered No. 138

FULL NAME OF CHILD Dwlee Evylan Young
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Feb 22 1922

What bactericidal solution was used in eyes? Argyrol 20 %

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Emil Young	FULL MAIDEN NAME	Julia Friesen
RESIDENCE	Priest River Ida	RESIDENCE	Priest River Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 9. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address Priest River Ida

Filed Mar 1 1922 [signature] Registrar.

Give names added from a supplemental report.

....., 192....

..... Registrar.

...AINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
...B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-120-009-816

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 991509

County of Bonner
City of Priest River Ida
No. ..... St. Registration District No. 85 File No. 3
Hospital Priest River Primary Registration District No. 2185 Registered No. 137

FULL NAME OF CHILD Harvey George Rice
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male,		Yes	2 20 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Henry J. Rice	FULL MAIDEN NAME	Fannie Maud Hawkins
RESIDENCE	Priest River Ida	RESIDENCE	Priest River Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Minn	BIRTHPLACE	Missouri
OCCUPATION	Woodsman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Getzloff
Physician
(Physician or midwife)

Address Priest River Ida

Filed Mar 1 1922 C. P. Getzloff
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

IS A PERMANENT RECORD
SEPARATE RETURN must be made for each number of each, in order of birth stated.

APR 3 1942

298-218-009-449

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 99160

RECEIVED ... 1922

County of Bonner

City of Priest River Ida

No. ... St. Registration District No. 83 File No. 3

Hospital ... Primary Registration District No. 2185 Registered No. 136

FULL NAME OF CHILD Doreen Irma Bryant

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb 18 1922

What bactericidal solution was used in eyes? Argyrol 20 %

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	James Bryant	FULL MAIDEN NAME	Rosella Murray
RESIDENCE	Priest River Ida	RESIDENCE	Priest River Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	England	BIRTHPLACE	S Dak
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:55 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Gerth

Physician

(Physician or ~~midwife~~)

Address Priest River Ida

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed Mar 1 1922 C. F. Gerth
Registrar.

A PERMANENT RECORD
...ARATE RETURN must be made for each ... each, in order of birth stated.

April 22

REASONS WHY A CERTIFICATE OF BIRTH SHOULD
[illegible]D AND THE S[illegible] [illegible]TED WITH THE NAME OF

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Priest River

Street: .....

County: Bonner

File Number: 99160

Registration Dist. No.: 85

Date of Birth: Feb. 18 192.2

Sex of Child: Female

Father: James Bryant (Full Name)

Mother: Rosella Murray (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Noreen Ann Bryant (Child's Name in Full)

Please give us date of birth of your child in order to complete the certificate. We are also unable to decipher the first name of your child.

Mrs. James Bryant (Signature of Father or Mother)

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

666-114-009-817

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Priest River,

No. ..... St.

Registration District No. 85 ..... File No. 399161

Hospital Priest River, Primary Registration District No. 2185 Registered No. 132

FULL NAME OF CHILD Douglas Ray Woodley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Feb. 14 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	William Woodley	FULL MAIDEN NAME	Ethel Haggard
RESIDENCE	Priest River,	RESIDENCE	Priest River, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Canada.	BIRTHPLACE	Canada.
OCCUPATION	Cook.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Phusician
(Physician or midwife)

Address Priest River, Ida,

Filed Mar. 1 1922 [signature] Registrar.

Give names added from a supplemental report.

....., 192....

..... Registrar.

...than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-212-009-753

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99162

County of Bonner

City of Priest River Ida

No. ..... St. Registration District No. 85 File No. 3

Hospital ..... Primary Registration District No. 2185 Registered No. 134

FULL NAME OF CHILD Elizabeth Maxine Carroll
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Feb 12 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Joe Carroll	FULL MAIDEN NAME	Ruth Peterson
RESIDENCE	Priest River Ida	RESIDENCE	Priest River Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Minn	BIRTHPLACE	Wis
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Getzloff

Physician
(Physician or midwife)

Address Priest River Ida

Filed Mar 1 1922 C. P. Getzloff Registrar.

Give names added from a supplemental report.

....., 192....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 9 1976

MAR 6 1945

455-210-609-296

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 99163

County of Bonner

City of Priest River,

No. ..... St.

Hospital Priest River

Registration District No. 85 File No. 3

Primary Registration District No. 2185 Registered No. 193

FULL NAME OF CHILD Marilyn Janice Denton
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	Feb. 10 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Walter B. Denton	FULL MAIDEN NAME Madge Brooks.
RESIDENCE Priest River, Ida,	RESIDENCE Priest River Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Mich.	BIRTHPLACE Calif.
OCCUPATION Forest service	OCCUPATION Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Gehlhoff

Physician
(Physician or midwife)

Address Priest River, Ida,

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Mar. 1 1922 C. F. Gehlhoff Registrar.

WITH UNFADING INK—THIS IS A PERMANENT RECORD
In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 21 1973

SEP 15 1942

814-108-009-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Priest River Ida

No. ..... St.

Registration District No. 85

File No. 3 99164

Hospital Priest River

Primary Registration District No. 2185

Registered No. 132

FULL NAME OF CHILD Oliver James Hammonds
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Feb 8 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ernest Hammonds	FULL MAIDEN NAME	Annie Smith
RESIDENCE	Priest River Ida	RESIDENCE	Priest River Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	Woodsman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Getzloff

Physician
(Physician or midwife)

Address Priest River Ida

Filed Mar 1 1922 C. P. Getzloff Registrar.

Give names added from a supplemental report.

....., 192....

..... Registrar.

K

...ANK—THIS IS A PERMANENT RECORD ...ld at birth a SEPARATE RETURN must be made for each ...the number of each, in order of birth stated.

JAN 31 1949

APR 1 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

MAIL OR D[redacted]
NOT TO TH[redacted]
319-226
PLAC[redacted]
009-219

[redacted] State Board of Health

Record No. 99165

County of [redacted]

[redacted]REAU OF VITAL STATISTICS

Registered No.

City or Town of

CERTIFICATE OF BIRTH

Registration Dist. No. (No. ITAL, St.; Ward)

FULL NAME OF CHILD June Eva Carter — If child is not yet named, make supplemental report, as directed.

Sex of Child Female | Twin, Triplet or other? 1 | and | Number in order of birth 5 | Legitimate? Yes | Date of Birth Jan (Month) 26 (Day), 1922 (Year)

FATHER		MOTHER	
Full Name	Ray Miller Carter	Full Maiden Name	Alice Barett
Residence	Idaho	Residence	Idaho
Color	White	Color	White
Age at last Birthday	39 (Years)	Age at last Birthday	36 (Years)
Birthplace (State or Country)	Minn	Birthplace (State or Country)	Minn
Occupation	Rancher	Occupation	Housewife

Number of child of this mother 5 — Number of children, this mother, now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was born alive ~~stillborn~~ † and that it occurred on Jan 26 – 1922, at 7 A.M.

(Signature) J T Phillips MD
(Physician or Midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

Registrar.

Address Newport Wash

Filed March 1, 1922 C P Getzlaff Registrar.

† Indicate which by drawing line through superfluous word.

[redacted]

FEB 2 2 1973

381-720-040-368

[redacted]

11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Garfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 73 File No. 99166

Primary Registration District No. 2170 Registered No. 33

FULL NAME OF CHILD Bert Chapple

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Jan 20 1922

FATHER	MOTHER
FULL NAME Joseph W Chapple	FULL MAIDEN NAME Lillie Ann Loy
RESIDENCE Garfield	RESIDENCE Garfield
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Spanish Fork Utah	BIRTHPLACE Spanish Fork Ut
OCCUPATION Farmer	OCCUPATION Home wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born elsewhere (Born alive or dead), at 10-10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Mary Godfrey Stoddard

Midwife

(Physician or midwife)

Address Rigby Idaho

Filed Dec 10 1922

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266-208-010-314

PLACE OF BIRTH

Form V. S. No. 11-1-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Milo

No. ..... St.

Hospital .....

Registration District No. 73 File No. 99167

Primary Registration District No. 2107 Registered No. 32

FULL NAME OF CHILD Lois Bowles

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Feb 8 1922

FATHER		MOTHER	
FULL NAME	Samuel Clifford Bowles	FULL MAIDEN NAME	Sarah Campbel
RESIDENCE	Milo	RESIDENCE	Milo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Nephi Utah	BIRTHPLACE	Bergeman Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living, at 6-15 9 M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Mary Godfrey Stoddard
Midwife
(Physician or midwife)

Address Rigby Idaho R D # 1

Filed Feb. 11 1922 Certificated
Registrar

SEP 28 1966

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED JUL 26 1967 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 99167

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Bowles (female child) who was born on Feb. 8, 1922
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Milo, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by ..... prepared on ..... (Give Date) ....., are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lois Bowles

Subscribed and sworn to before me this 24th day of July, 1967

Arlene Walker
Notary Public, residing at Idaho Falls, Idaho

My commission expires Aug 5, 1968
(Seal)

Signed L. L. Bowles
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route #2 Rigby, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonn }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of Aug, 1967

Arlene Walker
Notary Public, residing at Idaho Falls, Idaho

My commission expires Aug 5 1968
(Seal)

Signed Shayne M. Weller
L. L. Bowles
(Signature of Any Credible Person)

920 W. Fulton St. Idaho Falls, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 11-3-66. nm

D.S. Church Cert. of Blessing, Ap il 2, 1922 gives full name as Lois Bowles, daughter of Samuel E. Bowles and Sarah Campbell, born Feb. 8, 1922 at Milo, Idaho - viewed by V.S.

SEP 18 1967

Marriage License and Certificate, State of Utah, County of Salt Lake, married May 20, 1942 gives full name of groom as Ancel Coles Killian and full name of bride as Lois Bowles - viewed by V.S.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319105-20-793

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF [illegible]
BUREAU OF VITAL [illegible]

CERTIFICATE OF [illegible]

County of Bonneville

City of IDAHO FALLS

No. 238 1'ST St.

Hospital

Registration District No. 13

File No. 99168

Primary Registration District No. 2107

Registered No. 31

FULL NAME OF CHILD ALVIN GUY CARSON

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
MALE				YES	2/5/22

FATHER	MOTHER
FULL NAME: DELBERT C CARSON	FULL MAIDEN NAME: ELSIE L GILES
RESIDENCE: IDAHO FALLS IDAHO	RESIDENCE: SAME
COLOR: WHITE	AGE AT LAST BIRTHDAY (Years): 23
COLOR: WHITE	AGE AT LAST BIRTHDAY (Years): 20
BIRTHPLACE: IDAHO	BIRTHPLACE: WISCONSIN
OCCUPATION: LABORER	OCCUPATION: HOUSEWIFE

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was BORN ALIVE (Born alive or stillborn) on the date above stated. 8K A M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) F J ERNEST M D

(Physician or midwife)

Address Idaho Falls Ida.

Filed Feb. 14 19 22

Registrar

Certified Copy issued Dec. 16, 1940. E.M.

Second copy issued Dec. 26,1940 E.M.

433-109-010-962

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of

No. ..... St.

Hospital

Registration District No. 73 File No. 99169

Primary Registration District No. 2150 Registered No. 30

FULL NAME OF CHILD James Robert McCauley
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Feb. 9, 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

FATHER	MOTHER
FULL NAME: Andrew McCauley	FULL MAIDEN NAME: Bessie Beatrice Robinson
RESIDENCE: Idaho Falls, Idaho	RESIDENCE: Idaho Falls, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 41 (Years)
BIRTHPLACE: Londonderry, Ireland	BIRTHPLACE: Iowa
OCCUPATION: Physician	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) F. J. Ernes, M. D.

Idaho Falls, Idaho
(Physician or midwife)

Address .....

Filed Feb. 14, 1922 A. Kinnard
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 6 1949

764-230-010-753

PLACE OF BIRTH

REC[illegible] MAR 20 19[illegible] BUREAU [illegible] STA[illegible]

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital Home

Registration District No. 13

File No. 99170

Primary Registration District No. 2110

Registered No. 29

FULL NAME OF CHILD Donna Godfrey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Jan (Month) 30 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Josiah Godfrey	FULL MAIDEN NAME	Gunda B. Peterson
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:5a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Simmons

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Ucon

Filed Feb 14 1922 [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, APR 7 - 1922 .....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City ..... Union

Street .....

County ..... Bonneville

File Number 99170

Registration Dist. No. .....

Sex of Child ..... Female

Date of Birth ..... June 30 .....192....

Father ..... Josiah Godfrey .....
Full Name

Mother ..... Grace Babbitt Peters .....
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

..... Donnis Godfrey .....
Child's Name in Full

..... Josiah Godfrey .....
Signature of Father or Mother

MAR 17 1961

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

795-101-010-156

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls, Idaho

No. ..... St.

Registration District No. 73 File No. 99171

Hospital ..... Primary Registration District No. 2110 Registered No. 2F

FULL NAME OF CHILD Ernest D. Green
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Feb 1 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Zavan D. Green	FULL MAIDEN NAME	Bernice Jeffry
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Macomb Ill,	BIRTHPLACE	Waverly, Neb.
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Sodergren M.D.
Physician
(Physician or midwife)

Address Idaho Falls, Idaho.

Filed Feb 14 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 1942

WHY A CERTIFIC
SAME CO

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls

Street:

County: Bonneville

File Number: 99171

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Feb 1st 192.2

Father: Garan Louis Green (Full Name)

Mother: Bernice Nora Jeffery (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ernest D. Green.
Child's Name in Full

Garan L. Green
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

45-7411-010-242

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls, Idaho

Registration District No. 13 File No. 99172

No. ..... St.

Primary Registration District No. 210 Registered No. 27

Hospital .....

FULL NAME OF CHILD Darwin Fredrick Meppen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb. 11 1922

FATHER		MOTHER	
FULL NAME	Theodore Meppen	FULL MAIDEN NAME	Mathilda Buschenfeld
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Germany	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2/454 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
Physician
(Physician or midwife)

Address Idaho Falls, Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feb 14 1922 [signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls.

Place of Birth — Street: .....

Place of Birth — County: Bonneville

File Number: 99172

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Feb. 11 1922

Father: Theodore Mepsen (Full Name)

Mother: Matilda Christena Busc (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Darwin Fredrick Mepsen

Child's Name in Full

Theodore Mepsen

Signature of Father or Mother

SEP 30 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
D FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.
It establishes legally the date of the child's birth, parentage
timacy.
It enables the Public Health Nurse to make sure the child has
tected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

The correct age for purposes of school attendance.
Employment.
Protection under the law.
Military and jury duty.
Right to travel unmolested in foreign lands.
Right to vote.
Right to receive pensions and inherit property.
Furnishes acceptable evidence of genealogy.
Right to get married.
Just at this time while many of the Ex-Service men are com-
furnish certified copies of certificates of birth, it is im-
at the certificates be filed with the BUREAU OF VITAL STATIS-
he same completed by furnishing the name of the child.

Benfeld.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

866-118-010-815

PLACE OF BIRTH name added 4-19-85

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bonneville

CERTIFICATE OF BIRTH

City of Lincoln

Registration District No. 73

File No. 99173

No. _____ St.

Primary Registration District No. 2140

Registered No. 26

Hospital _____

FULL NAME OF CHILD Vance Wade Howell

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Jan. 18, 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Reuben Howell	FULL MAIDEN NAME	Verna Hansen
RESIDENCE	Lincoln	RESIDENCE	Lincoln
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mallon

Phys.

(Physician or midwife)

Address Idaho Falls, Ida

Given names added from a supplemental report.

_____ 19__

Registrar

Filed 2/4 1922 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-6-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
APR 17 1985
Bureau of Vital Statistics

State of Utah
County of Cache } ss.

Certificate No. 99173
Date Filed

The undersigned does solemnly swear that certain facts of the certificate of birth

for unnamed Howell (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan. 18, 1922 (Date of Event)

in Lincoln (Bonneville) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Vance Wade Howell

Subscribed and sworn to before me this 27th day of Aug, 1985

Notary Public, Nanetta Waite
Residing at Hyde Park, Utah
My commission expires 10/10/83
(Seal)

Vance Wade Howell
Signature of Applicant

9 East 200 North Hyde Park Utah 84318
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ___ day of ___, 19___.

Notary Public,
Residing at
My commission expires
(Seal)

Supporting Signature

Street Address, City, State

Certificate of Baptism from LDS Church gives Vance Wade Howell son of Charles R Howell and Verna Mona Hansen born Jan 18, 1922 at Lincoln, Idaho was baptised April 29, 1930. Viewed by V.S.

Certificate of Ordination from LDS Church gives Vance Wade Howell was ordained a Priest on Jan 8, 1939. Viewed by V.S.

MAY 2 1985

968-20-010-399

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99174

County of Bonneville

City of Idaho Falls Idaho

No. ..... St.

Registration District No. 73

File No. .....

Hospital .....

Primary Registration District No. 21-0

Registered No. 21-

FULL NAME OF CHILD Marie Jeanette Royse
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Feb. 10 1922

What bactericidal solution was used in eyes? argyrol 10%

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Clifford Royse	FULL MAIDEN NAME	Glendora Trimble
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	19	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Minnesota	BIRTHPLACE	Bushton, Ill.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Sodenquist M.D.
Physician
(Physician or midwife)

Address Idaho Falls Idaho

Filed Feb 14 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF DIRECTOR MEET
RAL REA

RECEIVED
APR 15 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls, Idaho

Street: 409 No. Water Ave.

County: Bonneville Co.

File Number: 99174

Registration Dist. No.:

Date of Birth: February 10 1922

Sex of Child: Female

Father: Clifford Blakeney Royse (Full Name)

Mother: Glendora Trimble Royse (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Marie Jeanette Royse (Child's Name in Full)

Mrs C B Royse (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

155-123-010-816

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of BONNEVILLE

City of R F D # 2 IDAHO FALLS IDAHO

Registration District No. 73 File No. 99175

No. ..... St.

Primary Registration District No. 2140 Registered No. 24

Hospital .....

FULL NAME OF CHILD SETH LeGRAND JENKINS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
MALE		YES	2/23/22 19..

FATHER		MOTHER	
FULL NAME	EVAN JENKINS	FULL MAIDEN NAME	ALICE HAWKINS
RESIDENCE	UCON IDAHO R.F D # 2 IDAHO FALLS IDAHO	RESIDENCE	SAME
COLOR	WHITE	COLOR	WHITE
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	IDAHO	BIRTHPLACE	IDAHO
OCCUPATION	FARMER	OCCUPATION	HOUSEWIFE

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was BORN ALIVE 5 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F J ERNEST M D [signature]

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19..

Address Idaho Falls Ida

Filed Sep 28 19.. [signature]
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 7 1965

MAY 2 [illegible] 1942

154-111-012-154

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 99176

No. ..... St.

Primary Registration District No. 2146 Registered No. 23

Hospital .....

FULL NAME OF CHILD Echio - Andow

Sex of Child	Twin ~~Triplet or other?~~	and	Number in order of birth	Legitimate?	Date of Birth
male	Twin		1st	Yes	Feb. 11, 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Kuniche Andow	FULL MAIDEN NAME	Matsuko Andow
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls, Ida
COLOR	Jap	COLOR	Jap
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:10 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellon M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls, Ida

Registrar

Filed Feb 23 1922 W Fumarol Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

15V-111019-154

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 99177

No. St.

Hospital

Primary Registration District No. 21V-0 Registered No. 22

FULL NAME OF CHILD. Kinzie Andow

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2nd	Yes	Feb. 11, 22

FATHER		MOTHER	
FULL NAME	Kuniche Andow	FULL MAIDEN NAME	Matsuko Andow
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	Jap.	COLOR	Jap.
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:20 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellor M.D.

Physician

(Physician or midwife)

Address Idaho Falls, Ida.

Given names added from a supplemental report.

19

Registrar

Filed Jan 23 1922

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-204-011-636

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary
City of Naples
No. ..... St.
Hospital .....

Registration District No. 79 File No. 99178
Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD Marion Florence Krogseth
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	Feb. 4th 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Soln. $AgNO_3$

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

	FATHER		MOTHER
FULL NAME	Knut Krogseth	FULL MAIDEN NAME	Anna Flor
RESIDENCE	Naples, Ida	RESIDENCE	Naples, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry
Physician
(Physician or midwife)

Address Bonners Ferry, Ida

Filed 2/5/ 1922. E. E. Fry
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1 1942

764-108'011-235

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St. Registration District No. 79 File No. 99180

Hospital ..... Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD William Howard Gould
(Certificate of no value without full name of child.)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Feb 8 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	George William Gould	FULL MAIDEN NAME	Clara Ellen Stevens
RESIDENCE	Bonners Ferry Idaho	RESIDENCE	Bonners Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R M Bowell
Physician
(Physician or midwife)

Address Bonners Ferry Idaho

Filed 2/10/1922. E E Frey
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1958

279-109-01-215

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary
City of Bonners Ferry
No. ____ St.
Registration District No. 79
File No. 99181
Hospital ____
Primary Registration District No. 3156
Registered No. ____

FULL NAME OF CHILD Robert Earl Spalding
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Feb 9 1922

What bactericidal solution was used in eyes? 1% Sol. Argyn

Number of child of this mother, including present birth 3
Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Clinton Earl Spalding	FULL MAIDEN NAME	Ella Benton
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry
Physician
(Physician or midwife)

Address Bonners Ferry, Ida.

Give names added from a supplemental report.

....., 19.....

Filed 3/10/1922 E. E. Fry
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 3 1946

466-112.011-556

PLACE OF BIRTH

RECEIVED
MAR 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Registration District No. 79 File No. 99182

Hospital .....

Primary Registration District No. 2156. Registered No. .....

FULL NAME OF CHILD Lawrence Irwin Moorehouse -
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	yes	Feb. 12 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Soln $AgNO_3$

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Cyrus Abraham Moorehouse	FULL MAIDEN NAME	Maude Ethel Kew.
RESIDENCE	Bonners Ferry, Ida	RESIDENCE	Bonners Ferry, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Mo.	BIRTHPLACE	Iowa -
OCCUPATION	Farmer.	OCCUPATION	Housewife -

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9.35 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Bonners Ferry, Ida -

Filed 2/14 1922 E. E. Fry
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

660-112-011-261

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99183

County of Boundary
City of Meadow Creek
No. ____ St.
Registration District No. 79
File No. ____
Hospital ____
Primary Registration District No. 3154
Registered No. ____

FULL NAME OF CHILD Walter Glenn Howard
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural births)	—	Yes.	Feb. 12. 192 2.

What bactericidal solution was used in eyes? 1% Sol. Ag NO3

Number of child of this mother, including present birth 2. Number of child of this mother now living, including present birth 2.

FATHER		MOTHER	
FULL NAME	Wm Clyde Howard.	FULL MAIDEN NAME	Mary Swanson
RESIDENCE	Meadow Creek, Ida.	RESIDENCE	Meadow Creek, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26.	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Oregon.	BIRTHPLACE	West.
OCCUPATION	Laborer (Woodsman)	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) E E Fry
Physician
(Physician or midwife)

Address Bonners Ferry, Ida

Filed 2/13/1922. E E Fry Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243.216.011-797

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ____ St.

Registration District No. 79 File No. 99184

Hospital ____ Primary Registration District No. 2156 Registered No. ____

FULL NAME OF CHILD Lee Helen Bureau

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Feb. 16th 1922

What bactericidal solution was used in eyes? 1% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Leo Bureau	FULL MAIDEN NAME	Elizabeth Gigure
RESIDENCE	Bonners Ferry, Ida	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Wis
OCCUPATION	Baker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, **at** 6:10 A. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Physician

(Physician or midwife)

Address Bonners Ferry, Ida

Filed 2/18/ 1922 E E Fry

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 3 1943

61X-228-012 557

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Moore

Registration District No. 59 File No. 99185

No. ..... St.

Primary Registration District No. 219 Registered No. .....

Hospital .....

FULL NAME OF CHILD Olive Ruth Waddoups

Sex of Child F | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 2-28-1922 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Roy Waddoups	FULL MAIDEN NAME Olive England
RESIDENCE Moore Ida	RESIDENCE Moore
COLOR W	AGE AT LAST BIRTHDAY 36 (Years)
COLOR W	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11-45 P M. on the date above stated.

(Signature) F. M. Cannon

(Physician or midwife)

Address Arco, Idaho

Filed 3/1 1922 Cannon Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUN 10 1922
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

APR 7 - 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Moore

Street: .....

County: Butte

File Number: 99185

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Feb 28 1922

Father: Royal Waddoups (Full Name)

Mother: Olive England (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Olive Ruth Waddoups
Child's Name in Full

Olive Waddoups
Signature of Father or Mother

MAY 17 1971

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

464-228-012 292 Amended Child's First Name 9-17-03 LME

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Butte

CERTIFICATE OF BIRTH

City of Moore

Registration District No. 59 File No. 99186

No. ..... St.

Primary Registration District No. 2129 Registered No. .....

Hospital .....

FULL NAME OF CHILD LuRay D. Dodge.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	2-28-1922

FATHER		MOTHER	
FULL NAME	Oscar L. Dodge	FULL MAIDEN NAME	Rule Bishoff
RESIDENCE	Moore	RESIDENCE	Moore
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hswf

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 15 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Cannon

Arco Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed 2/28/ 1922 Cannon
Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE APR 2 1925

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Moore

Street: .....

County: Butte

File Number: 99186

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Feb. 28 192 5

Father: Oscar L. Dodge (Full Name)

Mother: Rene Gertrude K[illegible] (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ray B. Dodge (Child's Name in Full)

Mrs. Oscar L. Dodge (Signature of Father or Mother)

RECEIVED
JAN 17 1925
BUREAU OF VITAL STATISTICS

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
ED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.
It establishes legally the date of the child's birth, parentage
itimacy.

It enables the Public Health Nurse to make sure the child has
otected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty,
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com-
o furnish certified copies of certificates of birth, it is im-
that the certificates be filed with the BUREAU OF VITAL STATIS-
the same completed by furnishing the name of the child.

- PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

9-2-03

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS. 03 SEP 15 PM 2:37
County of _____

Certificate No. 22-99186
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of BIRTH
(Birth, Death, Marriage, etc.)

for LERAY B. DODGE (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on 2-28-22 (Date of Event)

in MOORE, ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S FIRST NAME	LERAY	LURAY

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, Lorna L. Moline
Residing at Gooding Idaho
My commission expires 8-22-09
(Seal)

LORNA L. MOLINE NOTARY PUBLIC STATE OF IDAHO

E. Ray Rogers
Signature of Applicant
306 Mich Street Gooding ID 83330
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } SS.
County of _____

(Must be completed _____)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____.

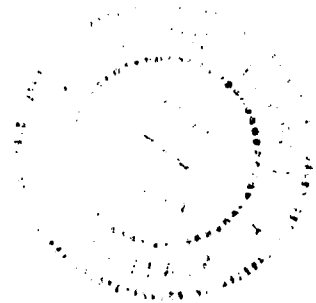
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

ID DRIVERS LICENSE ISSUED 3-20-76 FOR LURAY B ROGERS, BORN 2-28-22. VIEWED BY VS

ID DEATH CERT. #78-1365 FOR LURAY B. ROGERS, DIED 3-11-78 IN JEROME, ID. VIEWED BY VS



251-126-012-868

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Arco Registration District No. 59 File No. 99187

No. [redacted] St.

Hospital Primary Registration District No. Registered No.

FULL NAME OF CHILD LaVerne Don Searle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	2-26 1922

FATHER

FULL NAME Rufus Don Searle

RESIDENCE Arco

COLOR W AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Eva Hahn

RESIDENCE Arco

COLOR W AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Idaho

OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [redacted] alive, at 8 15 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cannon

(Physician or midwife)

Address Arco

Given names added from a supplemental report.

19

Registrar

Filed 2/26 1922 Cannon

Registrar

JUN 15 1950

355-209-012-693

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Moore

Registration District No. 59

File No. 99188

No. ..... St.

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Norma Levink

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				yes.	2 - 9 - 23

FATHER		MOTHER	
FULL NAME	Nels N. Levink	FULL MAIDEN NAME	Elizabeth Williams
RESIDENCE	Moore	RESIDENCE	Moore
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11.40 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) F. M. Cannon

(Physician or midwife)

Address ~~Moore~~ Arco Ida

Filed Mar 1922 Cannon
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OHIO STATE

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

APR 4 - 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Almont

Street: .....

County: Butte

File Number: 99188

Registration Dist. No. .....

Date of Birth: Feb 9 192 3

Sex of Child: Female

Father: Nils M. Levin
Full Name

Mother: Martha Elizabeth ~~Hill~~
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Wanda Levin
Child's Name in Full

Nils M. Levin
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

962-212-012-249

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Butte

CERTIFICATE OF BIRTH

City of Arco

Registration District No. 59

File No. 99189

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Monterey Robinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate	Date of Birth (Month)	(Day)	(Year)
F				yes	2	12	22

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Benj. Walter Robinson	Ortensia Smith
RESIDENCE	Arco	Arco
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	30
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3:45 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F M Cannon

Arco
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Mar 1922

Registrar

Cannon
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, APR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Arco; Street: ; County: Butte

File Number: 99189

Registration Dist. No.:

Date of Birth: Feb. 12 192 2.

Sex of Child: Female

Father: Benjamin Walter Robinson (Full Name)

Mother: Artemisia F Smith (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:,

Monterey Robinson

Child's Name in Full

Benj. W. Robinson

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

993-216-012-759

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Moore

Registration District No. 59 File No. 99190

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Lela Alice Richards

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes	2-16-22 (Month) (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	Arthur Richards	FULL MAIDEN NAME	Alice Perronoud
RESIDENCE	Moore	RESIDENCE	Moore
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H & W f

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19 ..... Address .....

Registrar

Filed 2/16/1922 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, APR 7 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Moore Idaho

Street: .....

County: Butte

File Number 99190

Registration Dist. No. .....

Sex of Child: Female

Date of Birth Feb 16 192 2

Father: Arthur Richards (Full Name)

Mother: Alice Perrenoud (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lela Alice Richards

Child's Name in Full

Arthur Richards

Signature of Father or Mother

APR 27 1967

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING.

WRITE PL[illegible] UNLEADING INK—THIS IS A PERMANENT RECORD

N. B.—In case [illegible] SEPARATE RETURN must be made for [illegible]

812-218 a3-293

RECEIVED
MAR 23 1922
BUREAU OF VITAL STATISTICS

County of Camas

City of Fairfield

R F D No. 1 St.

STATISTICS

Registration District No. 58th File No. 99191

Primary Registration District No. 2138 Registered No.

FULL NAME OF CHILD Louise Delight Aasa

girl	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth Jan. (Month) 18 (Day) 1922 (Year)

FATHER		MOTHER	
	Fred Aasa	FULL MAIDEN NAME	Gladys Marilda Bickle
RESIDENCE	Fairfield Ida	RESIDENCE	Fairfield Ida
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kristiania Norway	BIRTHPLACE	Bickleton Washington
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 30 P.M. the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred Aasa The father

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 3-22 1922

L. W. Lenchecker
Registrar

[redacted]

MAR 7 1961

115 103 013 759 R. amend first name 11-29-83 dl

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canas

City of Soldier

Registration District No. 58th File No. 99192

No.

Hospital (at Home)

Primary Registration District No. 2138 Registered No.

FULL NAME OF CHILD Lynn ~~Lyle~~ Lee Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male.		1st	Yes.	Feb. 3d 1922

FATHER		MOTHER	
FULL NAME	Lyle Lee Davis	FULL MAIDEN NAME	Agnes Rebecca Terry.
RESIDENCE	Blaine Idaho	RESIDENCE	Blaine, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st | Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10-45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) L Wilencheck

Phys.

(Physician or midwife)

Address Fairfield, Idaho

Filed Feb. 4th 1922 L Wilencheck

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-28-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
1984 OCT 28 8 29 AM '83

State of IDAHO
County of GOODING } ss.

Certificate No. 99192
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Lyle Lee Davis (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb 3, 1922 (Date of Event) in Soldier (Camas) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Lyle Lee Davis	Lynn Lee Davis

Subscribed and sworn to before me this 25th day of November, 1983

Notary Public,
Residing at Gooding Idaho
My commission expires
(Seal)

Lynn Lee Davis
Signature of Applicant

R11 BOX 15 WENDELL, IDAHO
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Gooding } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of November, 1983

Notary Public, Linda L. Eldredge
Residing at
My commission expires
(Seal)

Agnes Rebecca Terry Davis Sewell
Supporting Signature

1705 So. Redwood Road
Street Address, City, State
Salt Lake City, Utah 84104

lcc pd

Military Record-gives Lynn Lee Davis born Feb 3, 1922 in Soldier, Idaho was enlisted Sept 17, 1955. Viewed by V.S.

NOV 30 1983

Baptism REcord from LDS Church gives Lynn Lee Davis born Feb 3, 1922 in Soldier, Idaho to Lyle Levi Davis and Agnes Rebecca Terry and was baptised April 11, 1972. Viewed by V.S.

693-205-013-245

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ~~Coral~~ Camas

City of Coral

Registration District No. 58th

File No. 99193

No. ..... St.

Primary Registration District No. 2138

Registered No. .....

Hospital .....

FULL NAME OF CHILD Julia Lauretta Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes.	Feb. (Month) 5th (Day) 1922 (Year)

	FATHER		MOTHER
FULL NAME	James Amon Wilson	FULL MAIDEN NAME	Anna Kunkel
RESIDENCE	Coral, Idaho	RESIDENCE	Coral, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Wilson (Father) (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Coral, Idaho.

Filed Mch 3 1922

L. Wilencheck
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

495-206-013-431

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canas

City of Fairfield

Registration District No. 58th File No. 99194

No. (At Home) St.

Hospital

Primary Registration District No. 2138 Registered No.

FULL NAME OF CHILD Cleva Jeanne Dietrich

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				Yes.	Feb. 6th 1922.

FATHER		MOTHER	
FULL NAME	Clarence Leonard Dietrich	FULL MAIDEN NAME	Francis Cleva McAlester
RESIDENCE	Fairfield, Idaho.	RESIDENCE	Fairfield, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2d Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6.45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Wilencheck

Phys
(Physician or midwife)

Address Fairfield, Idaho

Given names added from a supplemental report.

19

Registrar

Filed Feb 8th 1922 L Wilencheck
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/13/41/ Z.J.

334-218-013-613

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED APR 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Camas

City of Fairfield

Registration District No. 28d File No. 99195

No. 2 miles East St.
2½ " North

Primary Registration District No. 2138 Registered No.

Hospital

FULL NAME OF CHILD Phyllis May Cluer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes.	March 18th 1922

FATHER		MOTHER	
FULL NAME	Leland Milford Cluer	FULL MAIDEN NAME	Hazel May Walker
RESIDENCE	Fairfield Idaho	RESIDENCE	Fairfield Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3d Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:20 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Wilencheck

Phys.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Fairfield, Idaho.

Registrar

Filed Mch 20th 1922 L Wilencheck
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

854-2 [redacted] -865

PLA[redacted]

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. Route 2 St.

Registration District No. 3 File No. 99196

Hospital

Primary Registration District No. 2005 Registered No. 30

FULL NAME OF CHILD Verla Lorene Heminger
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	1		1	Yes	Feb. 11 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Jasper Alphonce Heminger	FULL MAIDEN NAME	Zinza Lorene Holloway
RESIDENCE	Caldwell R2	RESIDENCE	Caldwell, R2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Junction City, Kansas	BIRTHPLACE	Hillsburg, California
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. G. Young, M.W.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed Feb. 11 1922 John S. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAR 14 1950

JUN 5 1961

491-113-014-893

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Caldwell
No. ____ St.
Hospital ____

Registration District No. 3 File No. 99197
Primary Registration District No. 1005 Registered No. 31

FULL NAME OF CHILD Paul C. Draper
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	S	3	yes	2/13/1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Chas Edwin Draper	FULL MAIDEN NAME Sadie Hillier
RESIDENCE Caldwell Ida. Hepburn Ida	RESIDENCE Caldwell Ida
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Hepburn Ida	BIRTHPLACE Boise Ida
OCCUPATION Newspaper Solicitor	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4-7 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Lee M D
(Physician or midwife)
Address Caldwell Ida

Give names added from a supplemental report.

....., 19.....
Registrar.

Filed Feb 21 1922 John H. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 3 0 1974

255-115-014-381

PLACE OF BIRTH AMENDED Nov. 10, 1954

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Caldwell
No. ____ St.
Hospital Hospital

Registration District No. 3
Primary Registration District No. 2005

File No. 99198
Registered No. 32

FULL NAME OF CHILD Noble Roy Benson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
male			yes	Feb. 15, 1922 (Month) (Day) (Year)

What bacterieidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	George W. Benson	FULL MAIDEN NAME	Julia Chapman
RESIDENCE	Homedale, Idaho, R. F. D.	RESIDENCE	Homedale, R. F. D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Gladbrook, Ia	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:58 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gue, M. D.
Caldwell, Idaho
(Physician or midwife)

Address

Give names added from a supplemental report.

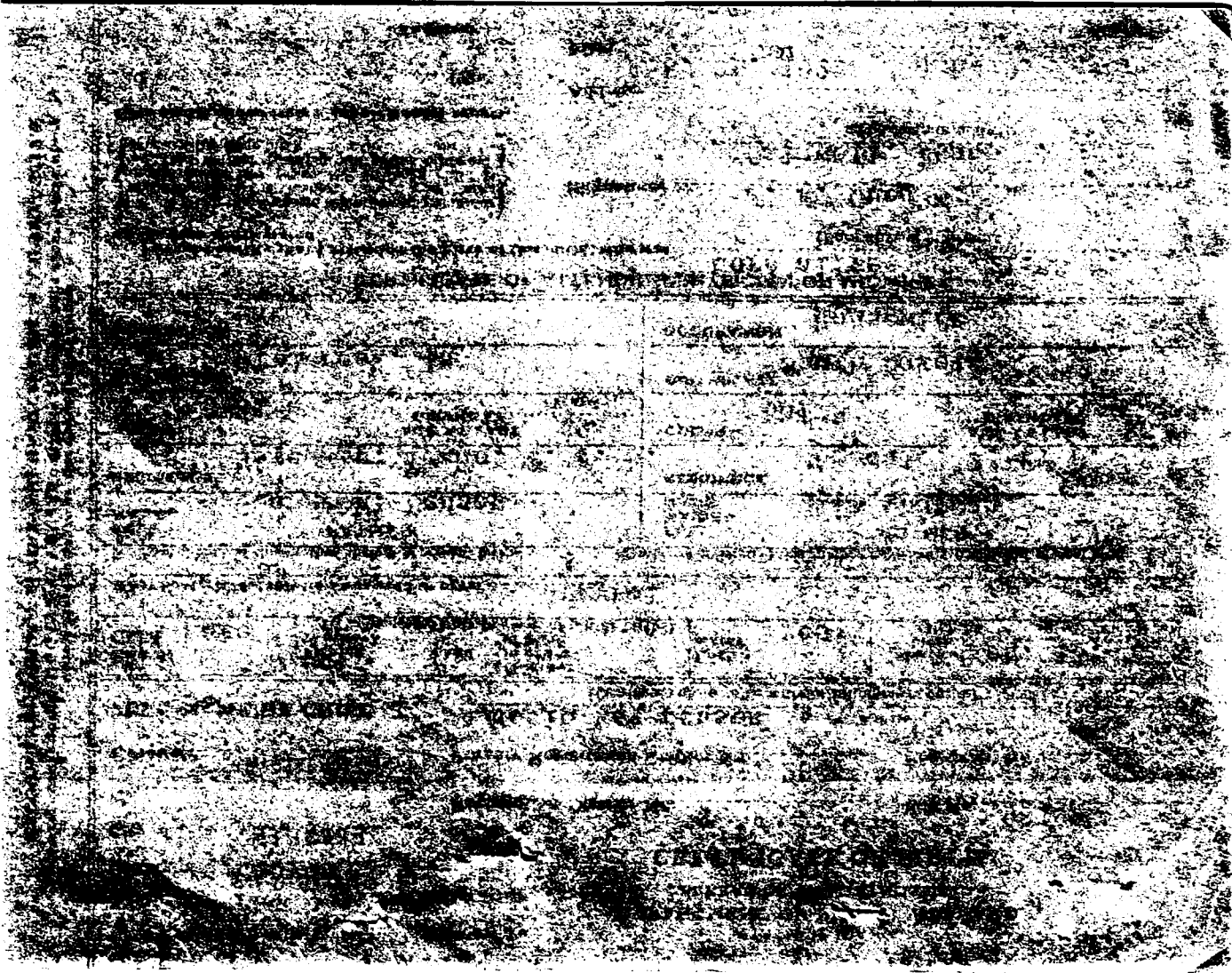
....., 192.....

Registrar.

Filed Feb. 21, 1922 John S. Meyer
192

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Canyon

Certificate No. 99198

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Roy Benson (Name on Original Certificate) who was born (Was Born or Died) on February.15.1922 (Date of Event)
in Caldwell, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by People's Insurance Company- (Bible Record, Insurance Policy, Etc.) prepared on Mch 25, 1949 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Roy Benson	Noble Roy Benson

Subscribed and sworn to before me this 9th day of November, 1954

Notary Public, residing at Nampa, Idaho
My commission expires May.15.1955
(Seal)

Signed Mrs. George a. Larsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of November, 1954

Notary Public, residing at Nampa, Idaho
My commission expires May.15.1955
(Seal)

Signed Noble Roy Benson
(Signature of Any Credible Person)

(Street Address, City, State)

DPH 52-155

517-116-014-381

PLACE OF BIRTH

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Registration District No. 3 File No. 99199

Hospital Miss Nyssa Primary Registration District No. 2005 Registered No. 33

FULL NAME OF CHILD Kenneth Chandler Nagel
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	S.		2	Yes	2-16-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	James Ross Nagel	FULL MAIDEN NAME	Ella V. Chanthow
RESIDENCE	Huston Id R1	RESIDENCE	Huston Id R1
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Mo	BIRTHPLACE	Milwaukee
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gue M.D.
(Physician or midwife)

Address Caldwell Id

Give names added from a supplemental report.

....., 19....

Registrar.

Filed Feb. 21 1922 John P. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1969

RECEIVED
JUN 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho 192

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital impo ance to have the full name included in the record. Kindly fill in the information requested in the blank bel and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Caldwell; Street 914 Everett St.; County [illegible]

File Number 99199

Registration Dist. No. .....

Sex of Child Male

Date of Birth Feb 15 192

Father James Ross Nagel (Full Name)

Mother Ella Victoria [illegible] (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Kenneth Chantler Nagel
Child's Name in Full

84781

Ella Victoria Nagel
Signature of Father or Mother

register Barbara Jean Nagel - born Nov. 16, 1920
birth was registered but not her name.

FEB 25 1942

VERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
EACH CHILD AND THE SAME COMPLETED WITH THE NAME

- - - - - - - - - - -

registration is part of every child's birthrigh
ablishes legally the date of the child's birth,
y.
ables the Public Health Nurse to make sure the
d from danger of blindness and other infections

- - - IT SHOWS AT LATER PERIODS OF LIFE: - - -

e correct age for purposes of school attendance
ployment.
otection under the law.
litary and jury duty.
ght to travel unmolested in foreign lands.
ght to vote.
ght to receive pensions and inherit property.
rnishes acceptable evidence of genealogy.
ght to get married.
ast at this time while many of the Ex-Service me
wish certified copies of certificates of birth,
the certificates be filed with the BUREAU OF VI
same completed by furnishing the name of the ch

LEASE ASSIST BY FURNISHING THE NAME OF YOUR CHI

Noted

285-212-014-279

PLACE OF BIRTH

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99200

County of Canyon

City of Caldwell

No. ..... St.

Hospital

Registration District No. 3

Primary Registration District No. 2005

File No.

Registered No. 34

FULL NAME OF CHILD Dorothy Mae Shelp

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	2/17 192 2

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 3

Number of child of this mother now living, including present birth 3

FATHER

FULL NAME: Roy Harrison Shelp

RESIDENCE: Caldwell, Idaho R. # 2

COLOR: White

AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Nebraska

OCCUPATION: Farming

MOTHER

FULL MAIDEN NAME: Nettie Sprang

RESIDENCE: Caldwell, Idaho, R. # 2

COLOR: White

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Colorado

OCCUPATION: ~~Housework~~ Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) C. W. Kaley

M. D.
(Physician or midwife)

Address Caldwell, Idaho

Filed Feb 21-1922 John S. Inezer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
APR 15 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

APR 7 - 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Caldwell

Street: .....

County: Canyon

File Number: 99200

Registration Dist. No.: .....

Sex of Child: Female

Date of Birth: February 17th 1922

Father: Roy Harrison Shelp (Full Name)

Mother: Nettie Clara Spears (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Dorothy Mae Shelp
Child's Name in Full

Nettie Shelp
Signature of Father or Mother

MAY 14 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

419-117-014-845

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 17" & Arthur St. Registration District No. 3 File No. 99201

Hospital Primary Registration District No. 1005 Registered No. 35

FULL NAME OF CHILD Francis Verne Martin
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	2/17/192 2

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Clarence Verne Martin	FULL MAIDEN NAME: Susie Ferguson Hunt
RESIDENCE: 17" & Arthur St. Caldwell, Idaho	RESIDENCE: 17" & Arthur St. Caldwell, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Conn.
OCCUPATION: Mail Clerk	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:41 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. V. Haley, M. D.
(Physician or midwife)

Address Caldwell, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Feb. 17-1922 John S. Inness
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-119-014-653

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell Id

No. ..... St.

Registration District No. 3 File No. 99202

Hospital ..... Primary Registration District No. 1005 Registered No. 37

FULL NAME OF CHILD Charles Junior Bardsley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	S		2	Yes	2/19/1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Charles M. Bardsley	FULL MAIDEN NAME	Inez Welch Welsh
RESIDENCE	Nampa Id	RESIDENCE	Nampa Id
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Middleton Id	BIRTHPLACE	Baker Oregon
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gue M.D.
(Physician or midwife)

Address Caldwell Id

Give names added from a supplemental report.

....., 19....

Registrar.

Filed Feb. 21 1922 John S. Mayer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 26 19[illegible]

DEC 1 1945

643-120-014-196

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Caldwell
No. ..... St.
Hospital

Registration District No. 3 File No. 99203
Primary Registration District No. 1005 Registered No. 38

FULL NAME OF CHILD John P Wilder Jr
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
m	J	1	Yes	2 / 20 / 1922

What bacterioidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	John P Wilder	Elma B. Gifford
RESIDENCE	Caldwell Ida	Caldwell Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	25
BIRTHPLACE	Bad Ax Mich.	Wilson Idaho
OCCUPATION	Working in flour mill	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J P Wilder M D
(Physician or midwife)
Address Caldwell Ida

Filed Feb. 21 1922 John S. Meyer Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

437-120-014-252

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Huston R1

No. ..... St.

Registration District No. 3 (2005)

File No. 99204

Hospital .....

Primary Registration District No. ..... Registered No. 39

FULL NAME OF CHILD George Clarence McPheeters
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	Feb 20 1922

What bactericidal solution was used in eyes? Argyrol 15%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Wm Albert McPheeters	FULL MAIDEN NAME	Isa Isabelle Bess
RESIDENCE	Huston R1 Idaho	RESIDENCE	Huston R1 Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 5:30 P. M. on the date above stated.
(~~Born alive~~ or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Montgomery M.D.

(Physician ~~or midwife~~)

Address Caldwell Ida

Filed Feb. 28 1922 John S. Meyer
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/3/41 L. B.

493-123-214-293

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Registration District No. 3 File No. 99205

Hospital ..... Primary Registration District No. 1005 Registered No. 40

FULL NAME OF CHILD Russell Miller

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	2/23. 192 2

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Leslie B. Miller	FULL MAIDEN NAME: Ruby S. Billings
RESIDENCE: Boise, Idaho	RESIDENCE: Boise, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years): 23	AGE AT LAST BIRTHDAY (Years): 23
BIRTHPLACE: Pa.	BIRTHPLACE: Neb.
OCCUPATION: Barber	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. B. Dudley

M. D. (Physician or midwife)

Address Caldwell, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Feb. 23-1922 John L. Meyer

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 24 1942

365-224.014-365

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99206

County of Canyon

City of Caldwell

No. ..... St. ..... Registration District No. 3 File No. .....

Hospital Caldwell Sanitarium Primary Registration District No. 2005 Registered No. 41

FULL NAME OF CHILD Martha Long
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2	Yes	2/24 192 2

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Paul Heron Long	FULL MAIDEN NAME: Mattie Lovell
RESIDENCE: Caldwell, Idaho	RESIDENCE: Caldwell, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years): 35	AGE AT LAST BIRTHDAY (Years): 28
BIRTHPLACE: Kansas	BIRTHPLACE: Missouri
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:27 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Haley

M. D.
(Physician or midwife)

Address Caldwell, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Feb. 26 1922 John L. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 9 1942

643-226-054-643

PLACE OF BIRTH

County of Canyon

~~City of~~ Huston

~~No.~~ R. #2 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 20 1927 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 99207

Primary Registration District No. 2005 Registered No. 42

FULL NAME OF CHILD Nina Mae Fullerton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	2/26 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Lewis Fullerton	FULL MAIDEN NAME	Frances Fullerton
RESIDENCE	Huston, Idaho R. # 2	RESIDENCE	Huston, Idaho, R. # 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farming	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. F. Dudley

M. D. (Physician or midwife)

Address Caldwell, Idaho

Filed Feb. 28 1922 John V. Meyer Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 28 19

MAY 31 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Huston
- [redacted] R-#1
- County: Canyon

File Number: 99207

Registration Dist. No.: Don't know we never reg

Sex of Child: Female

Date of Birth: Feb. 26 1922

Father: Lewis Evert Fullerton
Full Name

Mother: Harriet Frances Fulle
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Gina Mae Fullerton
Child's Name in Full

Mr. and Mrs. Lewis Fullerton
Signature of Father or Mother

FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage d legitimacy.

It enables the Public Health Nurse to make sure the child has en protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are comlled to furnish certified copies of certificates of birth, it is imrtant that the certificates be filed with the BUREAU OF VITAL STATISCS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT REC

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of [illegible] Registration District No. [illegible] File No. 99208

No. ____ St.

Primary Registration District No. 2005 Registered No. 43

Hospital ____

FULL NAME OF CHILD Charles Augustus Melcalf Jr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		1st	yes	Jan. 28 1922

	FATHER	MOTHER
FULL NAME	Charles A. Melcalf	FULL MAIDEN NAME Cora H Lichlsen
RESIDENCE	Canyon County, near Nampa	RESIDENCE Nampa near Middleton Canyon Co
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Idaho
OCCUPATION	Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.16 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Hamer M. D.

(Physician or midwife)

Address ____

Given names added from a supplemental report.

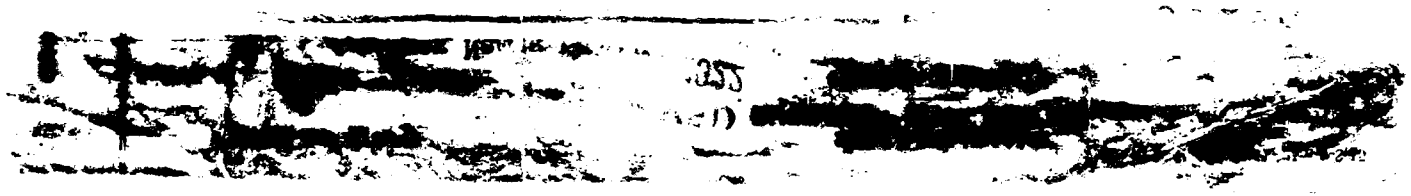
____ 19____

____ Registrar

Filed May 1 1922 John S. Mayes Registrar

S-Y-CO 38071.

2/6/41 L. B.



STATE OF IDAHO #99208
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF WASHINGTON)
) SS.
COUNTY OF YAKIMA)

AFFIDAVITS FOR CORRECTION OF A RECORD

CORA HAZEL MILLER of YAKIMA, WASHINGTON

Being first duly sworn, deposes and says that she is the mother
(if related, specify degree,

of CHARLES AGUSTUS METCALF, JR.
if friend or otherwise, so state)

who was born in the city of -- , County of CANYON, State
(was born, died) of Idaho,

on the 28th day of January , 19 22, as stated in a certificate of birth
that birth or

-- filed by Dr. Hamer, of Middleton, Idaho
death (name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of -- , County of Canyon
Idaho, on the 1st day of March 19 22.

That the following facts set forth in said certificate are not correctly stated therein, to wit: That Said Charles Agustus Metcalf, Jr., was born on February 26, 1922, but was born on January 28, 1922; that he was not born near Middleton, Canyon County, but near Nampa, Canyon County, Idaho.

That affiant upon her own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows, That Charles Agustus Metcalf, Jr., was born on January 28, 1922 on a farm near Nampa, Canyon County, Idaho.

(SEAL)

Affiant Cora Hazel Miller

Address 1103 Willow Street
Yakima, Washington

Subscribed and sworn to before me this 29 day of January 1941.

E. P. Wellbaum
Notary Public

my commission expires August 7, 1942

STATE OF WASHINGTON)
) SS.
COUNTY OF YAKIMA)

BENJAMIN F. MILLER of Yakima, Washington,

being first duly sworn, deposes and says that he has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant Benjamin F. Miller

Address 1103 Willow Street
Yakima, Washington

Subscribed and sworn to before me this 29th day of January 1941.

E. P. Wellbaum
Notary Public

(Seal)

my commission expires August 7, 19

395-12-814-144

PLACE OF BIRTH

RECEIVED
MAR 20 1922
BUREAU OF VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99209

County of Canyon
City of Parma
No. R. # 2 St.
Registration District No. 9
File No.
Hospital
Primary Registration District No. 2005
Registered No. 44

FULL NAME OF CHILD Joseph Baxter Cress Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	2/27/1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Joseph B. Cress	FULL MAIDEN NAME: Lydia B. Judd
RESIDENCE: Parma, Idaho R. # 2	RESIDENCE: Parma, Idaho R. # 2
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Tenn.	BIRTHPLACE: S. Dak.
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) S. P. Dudley
M. D.
(Physician or midwife)

Address Caldwell, Idaho

Filed Feb 28 1922 John B. Thayer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City Caldwell
Street
County Canyon

File Number 99209

Registration Dist. No.

Date of Birth Feb 27 1922

Sex of Child Male

Father [illegible] Cress
Full Name

Mother Lydia Barbara Judd
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Joseph Baxter Cress Jr.
Child's Name in Full

Mrs. Lydia B. Cress
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

819-127-014-133

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED MAR 20 1922 BUREAU

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Notus

Registration District No. 3 File No. 99210

No. ..... St.

Primary Registration District No. 2004 Registered No. 45

Hospital no

FULL NAME OF CHILD Orville Gilbert Harritt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	2 27 1922

FATHER		MOTHER	
FULL NAME	Geo A Harritt	FULL MAIDEN NAME	Gertrude Allen
RESIDENCE	Notus	RESIDENCE	Notus
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Illinois	BIRTHPLACE	Iowa
OCCUPATION	Farming	OCCUPATION	Same

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L S Stewart

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Caldwell Ida

Filed May 6 1922 Joh S. Meyer Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

VERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
EACH CHILD AND THE SAME COMPLETED WITH TH

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Nampa

Street:

County: Canyon

File Number: 99210

Registration Dist. No.:

Date of Birth: Feb 27 1922

Sex of Child: Male

Father: Geo Albert Harritt (Full Name)

Mother: Gertrude Alice Allen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Orville Gilbert Harritt

Child's Name in Full

Mrs. Geo A. Harritt

Signature of Father or Mother

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

629-205-014-485

PLACE OF BIRTH

RECEIVED MAR 2 J 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 99211

No. ..... St.

Primary Registration District No. 2005

Registered No. 46

Hospital .....

FULL NAME OF CHILD Arleen Beatrice O'Bryan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Mar 3 1922

FATHER		MOTHER	
FULL NAME	Allen Putnam O'Bryan	FULL MAIDEN NAME	Maud Dyer
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Sauk Centre Minn	BIRTHPLACE	Long Lake Hennepin Co. Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Dora A. Heymonth

(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report

..... 19.....

Filed Mar. 9th 1922 John C. Meyer

Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING · WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 7

DECEASED

851-206-014-453

Form V. S, No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 821 Elgin St.

Hospital

Registration District No. 3 File No. 99212

Primary Registration District No. 1005 Registered No. 47

FULL NAME OF CHILD La Vaun Heap

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
Female				Yes	3	6	22

FATHER		MOTHER	
FULL NAME	Lashon R Heap	FULL MAIDEN NAME	Lizzie Meeham
RESIDENCE	Caldwell	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Same

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L D S Lenrast
Physician
(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report.

19

Registrar

Filed Mar. 6 19 22 John L. Meyer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Caldwell

Street: 821 Elgin st

County: Canyon

File Number: 99212

Registration Dist. No. .....

Date of Birth: March 6th 1923

Sex of Child: Female

Father: Arbron Riley Heap (Full Name)

Mother: Lizzie Meehan (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

La Wanna Heap
Child's Name in Full

Mrs A. R. Heap
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

169-109-054-267

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration No. 9 File No. 99213

Primary Registration District No. 2005 Registered No. 48

FULL NAME OF CHILD Charles Dale Jordan
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	3/9 2

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: William H. Jordan	FULL MAIDEN NAME: Mabel I. Soper
RESIDENCE: Caldwell, Idaho, 1503 Fillmore St	RESIDENCE: Caldwell, Idaho, 1503 Fillmore St
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Minn.
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Waley, M. D. (Physician or midwife)

Address Caldwell, Idaho.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Mar. 9th 1922 John S. Meyer Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF B[illegible]
OR EACH CHILD AND THE SAME COMPLETE

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Caldwell

Street: 1503 Filmore St

County: Canyon

File Number: 99213

Registration Dist. No.:

Sex of Child: Male

Date of Birth: March 9th 1922

Father: William H Jordan
Full Name

Mother: Mable I. Soper Jordan
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Charles Dale Jordan
Child's Name in Full

William H Jordan
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

493/30-014319

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Nampa
No. ____ St.
Hospital ____
Registration District No. 7
Primary Registration District No. 1006
File No. 99214
Registered No. ____

FULL NAME OF CHILD Geo. Miller
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy.			Yes.	Jan. 30 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate.

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Linneus Earl Miller.	FULL MAIDEN NAME	Hester F Lair.
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Kirksville Mo.	BIRTHPLACE	Ottumwa Ia
OCCUPATION	Groceryman	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. S. Fink. M.D.
(Physician or midwife) M.D.

Address ____

Give names added from a supplemental report.

....., 19.....

Filed Feb. 11 1922 Pearle Dodds
Registrar. Regist

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 3 1976

314-119-014-769

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 18 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7 File No. 99215

No. ____ St.

Primary Registration District No. 1886 Registered No. ____

Hospital ____

FULL NAME OF CHILD Philip Mangum Campbell.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	and		yes.	Feb 19 1922

FATHER	MOTHER
FULL NAME: Lan Allen Campbell.	FULL MAIDEN NAME: Emma Gorden
RESIDENCE: Huntington Ave.	RESIDENCE: Huntington Ave
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32. (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Kentucky	BIRTHPLACE: Texas.
OCCUPATION: Teacher	OCCUPATION: Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos E Mangum MD

(Physician or midwife)

Address Nampa. Idaho

Given names added from a supplemental report.

____ 19____

____ Registrar.

Filed Mar. 18 1922 Pearle Dodds Registrar.

AUG 6 1942

962-21-014-819

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED MAR 20 1922 BUREAU

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99216

County of Canyon

City of Nampa

Registration District No. ____ File No. ____

No. 401. 12th Ave N St.

Primary Registration District No. 102 Registered No. ____

Hospital ____

FULL NAME OF CHILD Idona Lafon Ross

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
F				Yes	2	19	1922

FATHER		MOTHER	
FULL NAME	Thomas A Ross	FULL MAIDEN NAME	Dora M. Hardy
RESIDENCE	401. 12th Ave North	RESIDENCE	401. 12th Ave N.
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) H C Robinson

Physician

(Physician or midwife)

Address Nampa Idaho

Filed [illegible] 19 22

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295·102·014-866

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

County of Canyon

City of Nampa

Registration District No. 7 File No. 99217

No. St.

Primary Registration District No. 1006 Registered No.

Hospital

FULL NAME OF CHILD Virgil W. King.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb 2 1922

FATHER		MOTHER	
FULL NAME	Levi King.	FULL MAIDEN NAME	Daisy M. Hoover
RESIDENCE	Nampa	RESIDENCE	Nampa.
COLOR	White. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	King, Ky.	BIRTHPLACE	Doyle, Tenn.
OCCUPATION	Laborer	OCCUPATION	House wife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos E Mangum M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Nampa.

Filed March 7 1922 Pearl Bodo

Registrar.

APR 29 1942

AUG 13 195[illegible]

SEP 11 1952

861-116-014-893

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 7 File No. 99218

Primary Registration District No. 1006 Registered No. .....

FULL NAME OF CHILD Seth Calvin Hoadley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Feb. 16th 1922

FATHER		MOTHER	
FULL NAME	Seth Hoadley	FULL MAIDEN NAME	Carrie Hitson.
RESIDENCE	Nampa. 2da.	RESIDENCE	Nampa. 2da.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Oskaloosa. Kansas.	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos E Mangum M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19..

Address Nampa. 2da.

Registrar.

Filed March 1 1922 [illegible]

Registrar.

259-127-614-312

PLACE OF BIRTH •

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Registration District No. 7 File No. 99219

Primary Registration District No. 1006 Registered No. .....

Hospital .....

FULL NAME OF CHILD Harold Bruce Keim

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Feb 27 1922

FATHER

FULL NAME W. H. Keim

RESIDENCE Nampa

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Penn.

OCCUPATION Butcher

MOTHER

FULL MAIDEN NAME Grace Bru Baker

RESIDENCE Nampa

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Texas.

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos E Mangum M D
(Physician or midwife)

Address Nampa. Idaho

Given names added from a supplemental report.

..... 19.....

Registrar.

Filed ..... 19.....

Registrar.

MAY 27 1942
NOV 28 1942

893.167.014-343

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 25 1922
BUREAU

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. [illegible] File No. 99220

No. ..... St.

Primary Registration District No. 1992 Registered No. .....

Hospital .....

FULL NAME OF CHILD Charles Edward Hill.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes.	Feb 17 1922

FATHER

FULL NAME R. J. Hill.

RESIDENCE Nampa.

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Freeze, Va.

OCCUPATION Laborer.

MOTHER

FULL MAIDEN NAME Mollie Tucker.

RESIDENCE Nampa.

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Grant Va.

OCCUPATION Housewife.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at ..... M.
(Born alive or stillborn)
on the date above stated.

(Signature) Thos E Mangum M D

(Physician or midwife)

Address Nampa Ida.

Filed March 1 1922 Pearle Dodd Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar.

JAN 9 1948

212-225-014-363

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
MAR 2[illegible] 1922
BUR[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99222

County of Canyon

City of Nampa

Registration District No. 7 File No.

No. 20 On 6-S St.

Primary Registration District No. [illegible] Registered No.

Hospital

FULL NAME OF CHILD Una Lela Baker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb. (Month) 25 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Claude Baker	FULL MAIDEN NAME	Ilin Collins
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Missouri
OCCUPATION	Theater employee	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Smith By A.R.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Mar. 10 1922 Pearle Dodd

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-109.014-796

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. ..... File No. 99223

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital Mercy

FULL NAME OF CHILD Keith Holiday Carr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Mch - 9 1922 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Clifford H. Carr	FULL MAIDEN NAME Alma Gronemeier
RESIDENCE 312-12th Av No Nampa	RESIDENCE 312-12th av No. Nampa
COLOR White AGE AT LAST BIRTHDAY 26 (Years)	COLOR White AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE North Dakota	BIRTHPLACE Indiana
OCCUPATION Mgr. Sash & Door factory	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 7 40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W. Chelton M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Nampa Ida

Filed ..... 19....

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 3 1944

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Whatcom

Certificate No. 99223

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of the birth (Birth or Death)
for Keith Holiday Carr (Name on Original Certificate) who was born (Was Born or Died) on March 9, 1922 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on March 9, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's Name	W.J. Carr	Clifford H. Carr
Mother's Name	Gronhemier	Alma Gronemeier

Subscribed and sworn to before me this 18th
day of March, 1944.
L.W. Featherkile
Notary Public, residing at Bellingham, Wash
My commission expires June 18, 1946
(Seal)

Signed Clifford H. Carr
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2816 Cornwall Ave
(Street Address, City, State)
Bellingham Wash.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Whatcom

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th
day of March, 1944.
L.W. Featherkile
Notary Public, residing at Bellingham
My commission expires June 18, 1946
(Seal)

Signed W. L. Carr.
(Signature of Any Credible Person Other Than Previous Year)
1587 N.W. Road
(Street Address, City, State)
Bellingham Wn.

MAR 25 1944

33-128-01X-555

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

*Registration District No.

File No. 99224

No. 1013-2nd Ave So St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Julian Donald Clay

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	Feb 28 1922

FATHER

FULL NAME: Percy Clay

RESIDENCE: 1013-2nd Ave So Nampa

COLOR: White

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Oregon

OCCUPATION: Book-Keeper

MOTHER

FULL MAIDEN NAME: Mildred Everett

RESIDENCE: 1013-2nd Ave So Nampa

COLOR: White

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, a 2 a. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo N Chilton M.D.

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report.

19

Registrar

Filed 19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

453-218-01K-154

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99225

County of Canyon

City of Nampa

No. ..... St.

Registration District No. .....

File No. .....

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Marjorie Jeanne Heck

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Oct. 18 1927

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wm H. Heck	FULL MAIDEN NAME	Berlyce Anderson
RESIDENCE	Nampa, Idaho	RESIDENCE	Nampa, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Expressman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10-30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Physician
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

Filed ..... 192.....

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 0 1952

JUN 1 1948

231-217-014-544

PLACE OF BIRTH

RECEIVED
MAR 20 1922
BUR... VIT...

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Registration District No. .....

File No. 99226

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Vera Lafern Stanley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Feb. 17 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Geo. Walter Stanley	FULL MAIDEN NAME	Leone Pearl Edmondson
RESIDENCE	Nampa, Ida.	RESIDENCE	Nampa, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address .....

Filed Mar. 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 6 1954

694-225-01X-154

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St. Registration District No. ..... File No. 99227

Hospital ..... Primary Registration District No. ..... Registered No. .....

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

FULL NAME OF CHILD Roberta Percilla Ord
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Feb. 25 1922

What bactericidal solution was used in eyes? Silver nitrate 1% Sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Robert Lewis Ord	FULL MAIDEN NAME	Violet A. Anderson
RESIDENCE	Nampa, Ida.	RESIDENCE	Nampa, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Book-keeper	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6-45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. [illegible]

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed [illegible] 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-209.014-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Registration District No. ..... File No. 99228

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Elizabeth Kirkham
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl.		Yes.	Mar. 9 1922

What bactericidal solution was used in eyes? Silver Nitrate 1%.

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Richard Y. Kirkham	FULL MAIDEN NAME	Mary S. Smith.
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White. AGE AT LAST BIRTHDAY 43 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	England	BIRTHPLACE	Ida.
OCCUPATION	Fa Miller.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. S. Fink M.D.
M. B.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address .....

Filed 1/ ... 1922 ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294.208.014-796

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Canyon

RECEIVED MAR 2 19

CERTIFICATE OF BIRTH

City of Nampa

Registration District No. ____ File No. 99229

No. Rail Road St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Velma Doris Simmons

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				yes	Mar 6 1922

FATHER		MOTHER	
FULL NAME	Roy J. Simmons	FULL MAIDEN NAME	Beulah Gross
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Iowa
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray M. D.

(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report.

____ 19____

Registrar

Filed ____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 1 1944

MAR 6 1968

255-212-014-7113

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 20 1922

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. ____ File No. 99230

No. 201-7th Ave 2d St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Mary Ellen Kiele

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
fml	x		x	yes	Feb	12	1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	E. T. Kiele	Elsie Putz
RESIDENCE	Nampa Idaho	Nampa Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	22
BIRTHPLACE	Idaho	Wyoming
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 a. M. on the date above stated.

(Signature) J. H. Murray M. D.

(Physician or midwife)

Address Nampa Idaho

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

Filed ____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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294-217-014-119

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 30 192 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of No

No. ..... St.

Registration District No. ..... File No. 99231

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Peggy Eloise Simmons
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes.	Feb. 17 1920

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Robert Waco Simmons	FULL MAIDEN NAME	Florence Anna Jarvis
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White. AGE AT LAST BIRTHDAY 39 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Georgia.	BIRTHPLACE	Salt Lake City.
OCCUPATION	Carpenter.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 13 live 11:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. S. Fink M. D.

M. B
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address .....

Filed ..... 192..

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

275-110-014-253

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Nampa
No. ..... St.
Registration District No. 7 File No. 99232
Hospital ..... Primary Registration District No. 2 014 Registered No. .....

FULL NAME OF CHILD Theodore Kenneth Spence
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes.	Feb 10 1922

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Taylor V. Spence	FULL MAIDEN NAME	Rose Belle
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Alabama	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 11:45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Fink. M. D.
M.D.
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Mar 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 14 1973

175-107014-239

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99233

County of Canyon

City of Nampa Registration District No. File

No. RR 2 St.

Hospital Primary Registration District No. Registered No.

FULL NAME OF CHILD Clifford James AGENBROAD Agenbroad

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			3	Y	2 — 7 — 22 19

	FATHER	MOTHER
FULL NAME	James D. Agenbroad	FULL MAIDEN NAME Laura M. Strait
RESIDENCE	Nampa	RESIDENCE Nampa
COLOR	W	COLOR W.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	So. Dakota	BIRTHPLACE Penn
OCCUPATION	Rancher	OCCUPATION House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Dr. H. C. Robinson

Physician

(Physician or midwife)

Address 1317 4th St. S. Nampa

Filed March 10 1922 Pearle Dodds

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 26 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }
County of CANYON } ss.

Certificate No. 99233

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
surname	Agenboard	Clifford James Agenbroad

Subscribed and sworn to before me this 26
day of August 1942

Edison N. Veal

Notary Public, residing at Nampa, Idaho

My commission expires July 10, 1946
(Seal)

Signed James Agenbroad
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 4. Nampa Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 28 1942

SEP 1 1942

439-213-014-763

PLACE OF BIRTH

SYRIES MUL

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-20-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99235

County of Nampa

City of Nampa

Registration District No. 7 File No.

No. St.

Primary Registration District No. 2006 Registered No.

Hospital

FULL NAME OF CHILD Esther Thelma Ulrich

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Feb - 13 - 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Christian P Ulrich	FULL MAIDEN NAME	M. Alta Pollock
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	A. B.	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Eureka. Ill.	BIRTHPLACE	Guide Rock. Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Feb - 13 - 22 at 11 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos E Mangum MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address Nampa Idaho

Registrar.

Filed March 3 1922 Searle Goddard

Registrar.

K

JUN 22 1972

194-225-014-235

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99236

County of Canyon — Registration District No. ____ File No. ____

City of Nampa — No. ____ St. ____

Hospital Mercy — Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Avis Marie Armstrong
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Jan 25 1922

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 3 — Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ena Rufus Armstrong	FULL MAIDEN NAME	Ruth Stewart
RESIDENCE	Meridian Rt 3	RESIDENCE	Meridian
COLOR	Wh.	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farming	OCCUPATION	Home Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. S. Fink M.D.

(Physician or midwife) M. D.

Address ____

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed [illegible] 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 6 1942

461-106-014-249

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED MAR 30 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Mampa

Registration District No. 7 File No. 99238

No. R. F. D. St.

Primary Registration District No. 2[illegible] Registered No.

Hospital

FULL NAME OF CHILD Van. Nelson Moad Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	March-6 1922

FATHER		MOTHER	
FULL NAME	Van. N. Moad	FULL MAIDEN NAME	Alta. Smith
RESIDENCE	Mampa Idaho	RESIDENCE	Mampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Oregon	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Smith M.D. By A.R.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed [illegible] 1922 [illegible]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

286-106-014-215

PLACE OF BIRTH

Form V. S. No. 11-C—85m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAR 1922

County of Canyon

City of Nampa

No. R# 5 St.

Registration District No.

File No. 99239

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD [redacted] Shawalter Gene L.

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	—	yes	March 6 1922

	FATHER	MOTHER
FULL NAME	H S Shawalter	Mary V. Sandy
RESIDENCE	R#5 Nampa Ida	R#5 Nampa Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	38
BIRTHPLACE	Virginia	Missouri
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo N Chilton M.D.

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report.

19

Registrar

Filed 19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 99239

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on March 6, 1922 (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Change name	Jack	Gene L. Showalter

Subscribed and sworn to before me this 26 day of Oct. 1943

Pauline Ambrose

Notary Public, residing at Boise

My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of Oct., 1943

Pauline Ambrose

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed May V Showalter
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

OCT 26 1989

213-123-014-142

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 20 1922

CERTIFICATE OF BIRTH

99240

County of Canyon

City of Nampa

No. R#3- St.

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

Hospital —

FULL NAME OF CHILD Jesse Roberts Salee Jr.

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	yes	Feb-23 1922

FATHER	MOTHER
FULL NAME Jesse A. Salee	FULL MAIDEN NAME Pearl Adkisson
RESIDENCE R#3-Nampa, Idaho	RESIDENCE R#1 Nampa, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Kansas Mo.	BIRTHPLACE So. Dakota
OCCUPATION Farmer	OCCUPATION Household wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 P. M. on the date above stated.

(Signature) Leo N Chilton M.D.

(Physician or midwife)

Address Nampa Idaho.

Filed 19 22

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SALLEE

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] BIRTH 438-206-037-367

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAR [illegible]

County of Owyhee

City of Wilson, Ida.

No. ..... St.

Registration District No. .....

File No. 99241

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Julia Wynetta McGuire
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Feb. 6 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Orren J. McGuire	FULL MAIDEN NAME	Rose Alaska Cox
RESIDENCE	Wilson, Idaho.	RESIDENCE	Wilson, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1-20- A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R Proctor
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed [illegible] 192[illegible] [illegible]
Registrar.

249-223 [redacted] 469

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAR

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. Rt 3 St.

Registration District No. 7 File No. 99242

Primary Registration District No. — Registered No.

Hospital —

FULL NAME OF CHILD Edna Lucille Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	Feb 23 1922

FATHER

FULL NAME Lewis D. Smith

RESIDENCE Nampa Ida

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Kansas

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mildred Margaret Stern

RESIDENCE Nampa Ida

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Illinois

OCCUPATION housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 1:30 a. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo N. Chilton M.D.

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report.

19

Registrar

Filed 19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

285-126-014-719

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. ..... File No. 99243

No. R.R. No ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Louis Francis Shelton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	X		X	Yes	Feb 26 1922

FATHER		MOTHER	
FULL NAME	Bert Shelton	FULL MAIDEN NAME	Sophia Garrecht
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 45 P. M. on the date above stated.

(Signature) J H Murray M.D.

(Physician or midwife)

Address Nampa Idaho

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

Registrar

Filed ..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1946

291-108-014-349

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 99244

Registered No. .....

FULL NAME OF CHILD Darwood Thomas Brady.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	Mar. 8. 1927

What bactericidal solution was used in eyes? Silver Nitrate 1%.

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Harry B Brady.	FULL MAIDEN NAME	Lela Bessie Curtis
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Kansas
OCCUPATION	Farmer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. J. Fink. MD.

M.B.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address .....

Filed ..... 192..

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued Jan. 13, 1941. E.W.

648-205-014-238

PLACE OF BIRTH

RECEIVED MAR 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Kuna

No. ..... St.

Registration District No. .....

File No. 99245

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Lillian Arlene Fuhriman.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
girl.		Yes -	Mar. 5. 1922

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 8. Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	George W. Fuhriman	FULL MAIDEN NAME	Mary Louise Schoenhals
RESIDENCE	Kuna	RESIDENCE	Kuna
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3:52 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. S. Fink M.D.

M.B.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed Mar. 10 1922

[illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 1942

314-210-014-343

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon.

City of Nampa

No. ____ St.

Registration District No. ____ File No. 99246

Hospital ____ Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Clive Campbell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Feb. 10. 1927.

What bactericidal solution was used in eyes? Silver Nitrate 1%.

Number of child of this mother, including present birth 6. Number of child of this mother now living, including present birth 6.

	FATHER	MOTHER
FULL NAME	Wm. Elmer Campbell.	Dorthy Gertrude Tuttle
RESIDENCE	Nampa	Nampa
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	40.	20.
BIRTHPLACE	Montpelier Ida.	Decatur Ills.
OCCUPATION	Farmer.	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. L. Fouts. M.D.

M.D.
(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed ____ 192..

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 8 1943

264-212-014-457

PLACE OF BIRTH [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99249

County of Canyon

City of Nampa

No. ____ St.

Registration District No. ____ File No. ____

Hospital ____ Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Laverne Ruth Bodine.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.			Yes.	Feb. 12 1927

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Edgar R. Bodine.	FULL MAIDEN NAME Lena Ruth Negley.
RESIDENCE	Luna	Luna
COLOR	White.	White.
AGE AT LAST BIRTHDAY	26 (Years)	26 (Years)
BIRTHPLACE	Pa. Ia.	Pa.
OCCUPATION	Farmer.	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:00 P. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Fink M.D.
MB
(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Mar. 18 1927 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 13 1942

168·101·014-239

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. R.F.D. No 3 St.

Hospital

RECEIVED MAR 2 ... 19..

Registration District No. 7 File No. 99250

Primary Registration District No. 200 Registered No.

FULL NAME OF CHILD Melvin Loy Joyce

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	2 (Month) 1 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	E. E. Joyce	FULL MAIDEN NAME	Dessie Strole
RESIDENCE	Nampa R. 3.	RESIDENCE	Nampa R. 3.
COLOR	W. AGE AT LAST BIRTHDAY 62. (Years)	COLOR	W. AGE AT LAST BIRTHDAY 37. (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	H Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11-15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Robinson

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Nampa Idaho

Filed March 1 1922

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 99250

Date Filed MAY 29 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or ~~Death~~)
for Melvin Joyce (Melvin Loy Joyce) who Born on .....
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Nampa, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Family Bible prepared on ....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birth Date	Jan. 1st, 1922	February 1, 1922

Subscribed and sworn to before me this 25th day of May, 1942

Viola D. Proffitt
Notary Public, residing at Manassas Va

My commission expires May 16, 1944
(Seal)

Signed Mrs E E Joyce (Mother of Melvin Loy Joyce).
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Manassas Va.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at I have eximed the Joyce Family Bible & the birth date of Melvin Loy Joyce is given as Feb. 1, 1922.
(Street Address, City, State)

My commission expires .....
(Seal)

Viola D. Proffitt, N.P.

MAY 29 1942

796-209.014-269

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Canyon

City of Parma

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 99251

No. ..... St.

Primary Registration District No. 2007 Registered No. 8

Hospital Home

FULL NAME OF CHILD Flora Elizabeth Prosser

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb. (Month) 9 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	E. E. Prosser	FULL MAIDEN NAME	Edith Swigert
RESIDENCE	Parma R III	RESIDENCE	Parma R III
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Star Ida.	BIRTHPLACE	Gosper Neb.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

1% Ag No 3 used

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Bosch

M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Wilder Ida

Filed 3-[illegible] 1922 Lulu Waldorf Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

...TE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

APR 7 - 192...

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Parma R 3

Street: .....

County: Canyon

File Number: 99251

Registration Dist. No. .....

Date of Birth: Feb 9 192 2

Sex of Child: Female

Father: Elmer Ellsworth Prosser (Full Name) Mother: Edythe Mary Spriggett (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Tamara Elizabeth Prosser

Child's Name in Full

Elmer Ellsworth Prosser

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

551-126-01X-331

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAR 2[illegible] 1922
BUR[illegible]

County of

City of

No. St.

Hospital

Registration District No. 3 File No. 99257

Primary Registration District No. 2007 Registered No. 14

FULL NAME OF CHILD Eugene Evans

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Jan. (Month) 26 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Dave H. Evans	FULL MAIDEN NAME	Mary C. Clapp
RESIDENCE	Parma, Ida.	RESIDENCE	Parma, Ida.
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Decatur, Alabama	BIRTHPLACE	Santete, S. Utah
OCCUPATION	Farming	OCCUPATION	H.W.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. Numbers
Phys. & Surg.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Parma, Ida.

Filed 3-1 1922 Lulu Waldron
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

464-208-01K-213

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of .....

City of ..... Registration District No. 3 File No. 99258

No. ..... St.

Hospital ..... Primary Registration District No. 2007 Registered No. 13

FULL NAME OF CHILD Dorothea Dot Douglas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
F				Yes	Feb.	8	1922

FATHER

FULL NAME Guy Carlton Douglas

RESIDENCE Parma

COLOR W. AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Hamilton Co., Neb.

OCCUPATION Carpenter

MOTHER

FULL MAIDEN NAME Rose Olive Bacon

RESIDENCE Parma, Ida.

COLOR W AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Boise, Ida.

OCCUPATION H. W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 45 P. M. on the date above stated.

(Signature) Don D. Chambers

Physician

(Physician or midwife)

Address Parma, Ida.

Filed 3-1 1922 Lucy Waldron Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

OCT 12 1967

OCT 13 1944

493-212-01X-395

PLACE OF BIRTH

County of Canyon

City of Wilder

No.

RECEIVED
MAR 2 1922
U. S. BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 99259

Primary Registration District No. 2007 Registered No. 16

Hospital

FULL NAME OF CHILD Vina Lucille Mitchell

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Jan 12th 1922

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	Robert W. Mitchell	Elsie Linebaugh
RESIDENCE	Canyon Co. Idaho	Canyon Co. Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	29
BIRTHPLACE	Nebraska	Colorado
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Newell M.D.
Physician
(Physician or midwife)

Address Wilder, Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 3-1 1922 Ruby Waldrop
Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-217-014-685

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of

No. St.

Hospital

Registration District No. 3

Primary Registration District No. 2007

File No. 99260

Registered No. 17

Full Name of Child Lois Etta McConnel

SEX OF CHILD: Girl	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes.	DATE OF BIRTH: Feb. (Month) 17 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	James E. McConnel	FULL MAIDEN NAME	Idella Wheeler
RESIDENCE	Wilder Idaho.	RESIDENCE	Wilder Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Parma Idaho.	BIRTHPLACE	Dawson, Minn.
OCCUPATION	Farmer.	OCCUPATION	House wife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.30 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs John Henderson

R.D.1, Parma Ida (Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address

Filed 3-1 1922 Lulu Waldrop Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 2 1945

365-219.014-792

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

RECEIVED MAR

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Roswell Precinct

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 2007

File No. 99262

Registered No. 19

Full Name of Child Florence Lenita Conners

SEX OF CHILD fem.	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes.	DATE OF BIRTH Feb. (Month) 19 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Homer Conners	FULL MAIDEN NAME	Lella Gibson
RESIDENCE	Parma R. 3.	RESIDENCE	Parma R. 3.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ill.	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Alley M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address .....

Filed 3-1 1922 Luhr Waldrop

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

818-225-014-366

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99264

RECEIVED
MAR 23 1922
BUREAU OF VITAL STATISTICS

County of .....

City of ..... Registration District No. 3 File No. .....

No. ..... St.

Primary Registration District No. 2007 Registered No. 21

Hospital .....

FULL NAME OF CHILD Lois Lorene Haynes

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Jan 25 1922

FATHER		MOTHER	
FULL NAME	James E Haynes	FULL MAIDEN NAME	Eva Cooper
RESIDENCE	Rowell	RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Ino	BIRTHPLACE	Ino
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11-55 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldrop MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 3-1 1922 Lulu Waldrop Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1922-3258 Z

BIRTH PLACE

SEE DUP.

845-106-916-219

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

[redacted] OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 99265

Primary Registration District No. 2196 Registered No. 2185

FULL NAME OF CHILD Norman M. Hunt

(Certificate of no value without full name of child.)

Sex of Child	Twin ~~Triplet or other?~~ and Number in order of birth	Legitimate?	Date of birth
Male	1 (To be answered only in event of plural births)	Yes	Feb. 6th 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	G. F. Hunt	FULL MAIDEN NAME	Ora Smith
RESIDENCE	Burley Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Mo.
OCCUPATION	Mechanic	OCCUPATION	Hswf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician

(Physician or midwife)

Address Burley Ida

Filed Feb. 8th 1922 Dr. J. C. Patterson

Registrar.

Give names added from a supplemental report.

....., 19....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Y 9 1941

BUREAU OF VITAL STATISTICS.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley Ida

Street: Almo ave

County: Cassia

File Number: 99265

Registration Dist. No.: 1

Date of Birth: Feb 6 192 2

Sex of Child: Male

Father: George Frankland Hunt (Full Name)

Mother: [illegible] Smith (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Norman Mikel Hunt
Child's Name in Full

Ora Smith Hunt
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

845-106-216-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 20 1922

CERTIFICATE OF BIRTH 99266

County of Cassia

City of Burley

No. ____ St.

Hospital

Registration District No. 117

Primary Registration District No. 2196

File No.

Registered No. 2186

FULL NAME OF CHILD Hobart L Hunt

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	✓ and 2	Yes.	Feb. 6 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	G. F. Hunt.	Ora Smith
RESIDENCE	Burley Idaho.	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	22
BIRTHPLACE	Utah.	Mo.
OCCUPATION	Mechanic.	Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:30 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Dr. J. E. Patterson
Physician
(Physician or midwife)

Address Burley Idaho

Filed Feb. 8 1922 Dr. J. E. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley Idaho

Street: Main Ave.

County: Cassia

File Number: 99266

Registration Dist. No.: 1

Date of Birth: Feb 6 1924

Sex of Child: Male

Father: George Frankland Hunt (Full Name)

Mother: Maud Ora Smith (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Gilbert Lariee Hunt

Child's Name in Full

Ora Smith Hunt

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

Amended 12-21-61
863-102, 016-254

Federal Security Agency
United States Public Health Service

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 99267
Local Reg. No. 2187
Reg. Dist. No. 117

1. PLACE OF BIRTH

a. COUNTY: Cassia

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Cassia

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Harold b. (Middle): Ray c. (Last): Holmes

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): Feb. 2, 1922

FATHER OF CHILD

7. FULL NAME

a. (First): Dell b. (Middle): c. (Last): Holmes

8. COLOR OR RACE: White

9. AGE (At time of this birth): 24 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Canada

11a. USUAL OCCUPATION: Farming

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Claire b. (Middle): c. (Last): Knudsen

13. COLOR OR RACE: White

14. AGE (At time of this birth): 18 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Mo.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Dr. J.C. Patterson

18c. ADDRESS: Burley, Idaho

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Feb. 10, 1922

20. REGISTRAR'S SIGNATURE: Dr. J.C. Patterson

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this ar with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or own the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth o red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of b Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by n cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 99267

County of Cassia } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Harold Ray Holmes (Name on Original Certificate) who was born (Was Born or Died) on Feb. 2, 1922 (Date of Event)

in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Marriage License Issuance (Bible Record, Insurance Policy, Etc.) prepared on March 9, 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Father	Dell A. Holmes	Dell Holmes
Full Maiden Name of Mother	Claire Knudson	Claire Knudsen

Subscribed and sworn to before me this 1st day of December 1961

Peter K. Church

Notary Public, residing at Burley, Idaho

My commission expires 7/10/64

(Seal)

Signed Claire Knudsen Holmes

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Heyburn, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Cassia }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of December 1961

Peter K. Church

Notary Public, residing at Burley, Idaho

My commission expires 7/10/64

(Seal)

Signed Thomas H. Church

(Signature of Any Credible Person)

Box 107 Burley, Idaho

(Street Address, City, State)

FORM DH 60-155 CL 11-17-61. one copy pd. rec. #3814.

Father's Own Birth Cert. on file: (Idaho Birth) #307964 gives full name as Dell Holmes - viewed by V.S.

Cert. Copy of Marriage License Record, Marriage License issued March 9, 1920 to Dell Holmes, age 22, of Canada and Claire Knudsen, age 17, of Missouri - license No. 466 - copy issued Nov. 22, 1961 - State of Idaho; County of Minidoka - viewed by V.S.

Another Child's Birth Cert. on file: (Idaho Birth) #146189 gives full maiden name of mother as Claire Knudsen - viewed by V.S.

845-102 016-459

PLACE OF BIRTH

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. (St.

Hospital

Registration District No. 117 File No. 99200

Primary Registration District No. 2196 Registered No. 2188

FULL NAME OF CHILD Baby Huntington (Walter Collins)
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male.		Yes.	Feb. 2 1922

What bacteriocidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME G. G. Huntington	FULL MAIDEN NAME Otillie Mertz.
RESIDENCE Burley Ida.	RESIDENCE Burley Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE N. Y.	BIRTHPLACE Germany.
OCCUPATION Electrician	OCCUPATION None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M. D.
(Physician or midwife)

Address Burley Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Feb 14 1922 Dr J C Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 1 1948

REASONS WHY A CERTIFICATE

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street: 121 N. Miller Ave.

County: Cassia

File Number: 99269

Registration Dist. No.:

Date of Birth: February 2 1922

Sex of Child: Male

Father: Geo. Garfield Huntington (Full Name)

Mother: Attilie J. Merz (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Walter Collie Huntington (Child's Name in Full)

Mrs. Geo. G. Huntington (Signature of Father or Mother)

12

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

493-104-016-319

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 29 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99269

County of Cassia

City of Burley.

No. ..... St.

Registration District No. 117 File No. .....

Hospital .....

Primary Registration District No. 2196 Registered No. 2189

FULL NAME OF CHILD Howard Clyde Mitchell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	and		Yes	Feb. 4 192 2

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Clyde Mitchell	FULL MAIDEN NAME Grace C. Larson
RESIDENCE	Burley.	RESIDENCE Burley. Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE Utah
OCCUPATION	Farming.	OCCUPATION Hf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Ida

Filed Feb. 14 192 2 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OF BIRTH

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street: 903 H. Alma

County: Cassia

File Number: 99269

Registration Dist. No.:

Date of Birth: Feb. 4 - 1922

Sex of Child: Male

Father: Clyde Mitchell (Full Name)

Mother: Grace C. Larsen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Howard Cecil Mitchell

Child's Name in Full

Mrs. Clyde Mitchell

Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

993-204-216-819

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 99270

Hospital ..... Primary Registration District No. 2196 Registered No. 2190

FULL NAME OF CHILD Wanda Fern Riley
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	Feb 4 1922

What bacteriolidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	P. C. Riley.	FULL MAIDEN NAME	Jessie Harris
RESIDENCE	Burley Ida.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Georgia	BIRTHPLACE	Texas.
OCCUPATION	Plumber.	OCCUPATION	Hf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1.0 P. M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley, Idaho.

Give names added from a supplemental report.

....., 19.....

Filed Feb. 14 1922 Dr. J. C. Patterson
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 2 1942

555-205-016-291

PLACE OF BIRTH

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99271

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. .....

Hospital ..... Primary Registration District No. 2196 Registered No. 2191

FULL NAME OF CHILD ~~XXXXXXXX~~ Baby Henderson, BETTY
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes.	Feb. 5 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	George Henderson	FULL MAIDEN NAME	Maggie Bradshaw
RESIDENCE	Burley Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Feb. 14 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 99271

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Feb. 5, 1922 birth
(Birth or Death)
for Betty Henderson (Name on Original Certificate) who born (Was Born or Died) on Feb. 5, 1922 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared on date of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Betty Henderson

Subscribed and sworn to before me this 24 day of December, 1945
Henry W. Fuller
Notary Public, residing at Burley, Idaho
My commission expires 6-1-46
(Seal)

Signed Maggie B Henderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)
Burley, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of December, 1945
Henry W. Fuller
Notary Public, residing at Burley, Idaho.
My commission expires 6-1-46
(Seal)

Signed E F Braucan
(Signature of Any Credible Person)
Burley, Idaho
(Street Address, City, State)

WAR

JAN 2 1948

645-109-016-914

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED ... 1922 ... VITAL

CERTIFICATE OF BIRTH

99272

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. .....

Hospital ..... Primary Registration District No. 2196 Registered No. 2192

FULL NAME OF CHILD Elvin Funk.

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	Feb 9 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER	MOTHER
FULL NAME R.E. Funk.	FULL MAIDEN NAME Clara Rodel
RESIDENCE Burley. Ida	RESIDENCE Burley. Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 51 (Years)	AGE AT LAST BIRTHDAY 47 (Years)
BIRTHPLACE Ill.	BIRTHPLACE Mo.
OCCUPATION Farming.	OCCUPATION Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 2 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) Dr J. C. Patterson

Physician
(Physician or midwife)

Address Burley. Idaho

Filed Feb 17 1922 Dr J. C Patterson
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
OCT 23 1922
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, APR 7 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

File Number: 99272

Street:

Registration Dist. No.:

County: Cassia

Date of Birth: Feb. 9th 192.2

Sex of Child: Male

Father: Rufus Elliott Funk (Full Name)

Mother: Clara Ellen Radel (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Glenn Funk
Child's Name in Full

Mrs. Clara Ellen Funk
Signature of Father or Mother

DEC 24 1942 [illegible] 1976

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

141-214-016-533

PLACE OF BIRTH

RECEIVED MAR 2 1922 BUREAU OF STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 99273

Primary Registration District No. 2196 Registered No. 2193

FULL NAME OF CHILD Dorothy Valentine Adamson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Feb. 14 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	F. A. Adamson	FULL MAIDEN NAME	La Verne Ellis
RESIDENCE	Burley, Ida.	RESIDENCE	Burley.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho.	BIRTHPLACE	Iowa.
OCCUPATION	Butcher.	OCCUPATION	Hsf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Burley, Idaho.

Filed Feb. 23 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

264-116-06-759

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 30 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99274

County of Cassia
City of Burley
No. R 3 St.
Hospital

Registration District No. 117
Primary Registration District No. 2196
File No.
Registered No. 2194

FULL NAME OF CHILD Baby Bodily John Gale
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	and		Yes	Feb. 16 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	J. W. Bodily	FULL MAIDEN NAME	Edna Perkins
RESIDENCE	Burley R.F.D 3	RESIDENCE	Burley R.F.D 3
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Farming	OCCUPATION	Hsf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at H. P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J. C. Patterson
Physician
(Physician or midwife)
Address Burley Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Feb 23 1922 Dr J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

BIRTH
TH

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Pella
- ~~Street~~: Idaho
- County: Cassia Co

File Number: 9 9274

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Feb. 16 1922

Father: John Henery Bodily
Full Name

Mother: Edna Perkins
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

John Gale Bodily
Child's Name in Full

Edna Bodily
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

8/7-220·016-544

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 99275

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 2195

FULL NAME OF CHILD Evelyn Mary Hagedorn
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes.	Feb. 20 192 7

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	F. F. Hagedorn.	FULL MAIDEN NAME	Amy Emmons.
RESIDENCE	Burley, Ida.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ohio.	BIRTHPLACE	Ohio.
OCCUPATION	Farming.	OCCUPATION	Hse.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician

(Physician or midwife)

Address Burley Idaho

Filed Mar. 3 192 7 Dr. J. C. Patterson
Registrar.

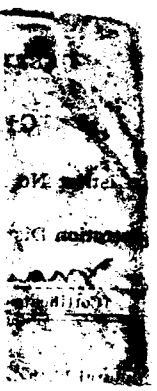
Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



JAN 20 1948

817-22:026-419

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99276

RECEIVED MAR

County of Cassia

City of Burley

No. ..... St.* Registration District No. 117 File No. .....

Hospital ..... Primary Registration District No. 2196 Registered No. 2196

FULL NAME OF CHILD Alta Louise Hagberg
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes.	Feb 21 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	L. F. Hagberg.	FULL MAIDEN NAME	Sarah Martin
RESIDENCE	Burley. Ida.	RESIDENCE	Same
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
		COLOR	White
		AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Kansas.	BIRTHPLACE	Idaho.
OCCUPATION	Farming.	OCCUPATION	Hsf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 P.M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician
(Physician or midwife)

Address Burley Idaho.

Filed Mar. 3rd 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ASONS WHY A CERTIFICATE

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street:

County: Cassia Co

File Number: 99276

Registration Dist. No.: Burley

Sex of Child: Female

Date of Birth: Feb 21 192?

Father: L J Hagberg (Full Name)

Mother: Sariah Martin (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Alta Louise Hagberg
Child's Name in Full

L J Hagberg
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

251-222-016 & 466

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99277

RECEIVED MAR 3 1922

County of Cassia

City of Burley

No. ..... St. ..... Registration District No. 117 File No. .....

Hospital ..... Primary Registration District No. 2196 Registered No. 2197

FULL NAME OF CHILD Pearle Searle

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes.	Feb. 22. 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	J. E. Searle	FULL MAIDEN NAME	Mary Moffett
RESIDENCE	Burley, Ida.	RESIDENCE	Same
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION		OCCUPATION	Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J. E Patterson

Physician

(Physician or midwife)

Address Burley Idaho

Filed Mar 3rd 1922 Dr J. E Patterson

Registrar.

Give names added from a supplemental report.

....., 19.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...ERAL REASONS WHY A CERTIFICATE OF BIRTH SHO...
...UILD AND THE ... COMPLETED WITH TH...

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street: R. 7 N # 2

County: Cassia

File Number: 99277

Registration Dist. No.:

Sex of Child: Female

Date of Birth: February 22 192 9

Father: Joseph Edwin Searle (Full Name)

Mother: Mary Alice Moffett (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Pearl Searle

Child's Name in Full

Mary Searle

Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

492-125-016-665

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR

CERTIFICATE OF BIRTH

99278

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 2198

FULL NAME OF CHILD Edwin Keith Dubble
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Feb. 25 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	R. K. Dubble	FULL MAIDEN NAME	Myrtle Owen.
RESIDENCE	Burley, Ida.	RESIDENCE	Same.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah.	BIRTHPLACE	Georgia
OCCUPATION	Chemist.	OCCUPATION	Hsf.

CERTIFICATE OF ATTENDING ~~PHYSICIAN~~ OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 P.M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Ida

Filed Mar. 6 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466-125-016-294

Amended 9-8-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 99279
Local Reg. No. 2199
Reg. Dist. No. 117

1. PLACE OF BIRTH

a. COUNTY: Cassia

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Burley

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Cassia

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Burley

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Verl b. (Middle): V. c. (Last): Moon

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Male	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Feb. 25, 1922

FATHER OF CHILD

7. FULL NAME

a. (First): H. b. (Middle): P. c. (Last): Moon

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
24 YEARS	Idaho	Farming	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Hazel b. (Middle): c. (Last): Kidd

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
18 YEARS	Idaho	0	0	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. J. C. Patterson

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Burley, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Mar. 9, 1922

22. REGISTRAR'S SIGNATURE: Dr. J.C. Patterson

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed?

OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
AUG 27 1965
Bureau of Vital Statistics

State of Washington
County of Franklin } ss.

Certificate No. 99279

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Veral Y. Moon (Name on Original Certificate) who was born (Was Born or Died) on Feb. 25, 1922 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Ins. Pol. & School Record (Bible Record, Insurance Policy, Etc.) prepared on 7/21/33 & 1933, '34 School Ins. Pol. (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Veral Y. Moon	Verl V. Moon

Subscribed and sworn to before me this 23rd day of August, 1965
Notary Public, residing at Pasco
My commission expires 3/18/69
(Seal)

Signed × Hazel J. Moon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2216 W. Court, Pasco, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Franklin } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of August, 1965
Notary Public, residing at Pasco
My commission expires 3/18/69
(Seal)

Signed Verna DeVilleneuve
(Signature of Any Credible Person)
729 W. Clark, Pasco, Wash.
(Street Address, City, State)

FORM DH 60-155 CL 8-11-65. nm

Metropolitan Life Insurance Co. Policy, policy no. 10002669, dated July 21, 1933 gives full name of insured as Verl V Moon, Feb. 25, 1922 at Burley, Idaho - beneficiar is given as Hazel I. Moon, mother - viewed by V.S.

Public Schools, of Burley, Idaho, report card, 1933-1934, Miller School, gives full name of student as Verl Moon - viewed by V.S.

249-28:016-418

PLACE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 99280

Primary Registration District No. 2196 Registered No. 2200

FULL NAME OF CHILD Alma Mae Burgess.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes.	Feb. 28 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	D. M. Burgess.	FULL MAIDEN NAME	Viola F. Dayley.
RESIDENCE	Burley. Idaho	RESIDENCE	Burley. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah.	BIRTHPLACE	Idaho.
OCCUPATION	Farming.	OCCUPATION	Hse.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J. E. Patterson

Physician
(Physician or midwife)

Address Burley. Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Mar. 10 1922 Dr J. E. Patterson

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

REC... JUL ...

Boise, Idaho, APR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City ... Burley

Street ... North Oakley

County ... Cassia

File Number ... 99280

Registration Dist. No. ...

Sex of Child ... Male

Date of Birth ... Feb. 28 ... 1922

Father ... David Martin Burgess (Full Name)

Mother ... Vina Fern Dayley (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

... Elmo Mayer Burgess (Child's Name in Full)

... Mrs. D. M. Burgess (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

21V-129-016-315

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

99281

County of Cassia

City of Burley

Registration District No. 117 File No.

No. St.

Primary Registration District No. 2196 Registered No. 2201

Hospital

FULL NAME OF CHILD Horace Langlois Baugh

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	Jan 29 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Horace S Baugh	Gladys E Langlois
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY	25 (Years)	22 (Years)
BIRTHPLACE	Logan Utah	Ramsville Utah
OCCUPATION	Missionary	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8:00 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) [illegible]

(Physician or midwife)

Address

Filed Mar 1st 1922 Wm. C. Patterson

Registrar

OCT 4 9 1953

743-231-016-849

PLACE OF BIRTH

RECEIVED MAR 1922 BUREAU

Form V. S. No. 11-C--25m-7-21-19

99282

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 2202

FULL NAME OF CHILD Elva Pernola Guthrie

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth Jan. (Month) 31. (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Earl Guthrie	FULL MAIDEN NAME	Eula Quinn.
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32. (Years)
BIRTHPLACE	Sterling Colo	BIRTHPLACE	Albion Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Cooper.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Burley Ida

Filed Mar. 1st 1922 Dr. J. C. Patterson Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, APR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street: East 11th overland

County:

File Number: 99282

Registration Dist. No.:

Sex of Child: Female

Date of Birth: January 31 1922

Father: Earl M. Guthrie
Full Name

Mother: Ezula M. Guthrie
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Elva Remola Guthrie
Child's Name in Full

Earl M. Guthrie
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

166.202.016-294

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99283

County of Cassia

City of Burley

Registration District No. 117 File No.

No. Yale St.

Primary Registration District No. 2196 Registered No. 2203

Hospital

FULL NAME OF CHILD Nancy Moffett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Feb 2 1922

FATHER		MOTHER	
FULL NAME	Moses Franklin Moffett	FULL MAIDEN NAME	Mabel Agnes Bruce
RESIDENCE	Burley, Idaho	RESIDENCE	Burley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Porterville, Utah	BIRTHPLACE	Almy, Wyoming
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:20 P M. on the date above stated.

(Signature) Dorothy Rich

Physician (Physician or midwife)

Address

Filed Mar 1st 1922 Dr J C Pattison

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-102-016-231

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED 192

CERTIFICATE OF BIRTH

99284

County of Cassia

City of Burley

No. R 7 D 2 St.

Registration District No. 117 File No.

Hospital Primary Registration District No. 2196 Registered No. 2204

FULL NAME OF CHILD ~~Baby~~ Palmer Rex Allen

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Mo	/		/	Yes	Feb. 2 1922

What bactericidal solution was used in eyes? Sol Ag Nos 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Otis Palmer	Minnie Blazer
RESIDENCE	Burley R 7 D 2	same
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Mo.	Mo
OCCUPATION	Farm	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 a M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Smith MD

(Physician or midwife)

Address Burley Idaho

Filed Feb. 23rd 1922 Dr. J. C. Patterson

Give names added from a supplemental report.

....., 19.....

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ERAL REASONS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
City: Burley
Street:
County: Cassia

File Number: 99284

Registration Dist. No.:

Sex of Child: Male

Date of Birth: February 2 1922

Father: Hunter Otis Palmer
Full Name

Mother: Minnie Bell Plazer
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Rex Allen Palmer
Child's Name in Full

Mrs Otis Palmer
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

255 102 016 313

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of

No. St.

Hospital

Registration District No. 117 File No. 99285

Primary Registration District No. 2196 Registered No. 2205

FULL NAME OF CHILD Harold Leon Kent

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb 2nd 1922

FATHER		MOTHER	
FULL NAME	Samuel Parley Kent	FULL MAIDEN NAME	Annie Talbot
RESIDENCE	Cassia Co. Idaho	RESIDENCE	Cassia Co. Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Rupert, Idaho

Filed Mar 3rd 1922 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana } ss. FEB
County of Lake }

Certificate No. 99285

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Kent (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on 2/2/22 (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Certificate of Blessing (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on March 5, 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Kent	Harold Leon Kent

Subscribed and sworn to before me this 23rd day of January, 1942

Notary Public, residing at Charlo, Montana

My commission expires July 22nd, 1943
(SEAL)

Signed Annie Talbot Kent
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Ronan, Montana
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Lake }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of February, 1942

Notary Public, residing at Charlo, Mont

My commission expires July 22nd 1943
(SEAL)

Signed Darley Albert Kent
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Charlo, Mont
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 2 1942 By
(REGISTRAR'S SIGNATURE)

331-216-331

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99286

County of Cassia

City of Burley

No. ____ St.

Registration District No. 117

File No. ____

Hospital ____

Primary Registration District No. 2196

Registered No. 2206

FULL NAME OF CHILD Lola Irene HESS
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	— (To be answered only in event of plural births)		—	Yes	Feby. 11 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Royce Hess	FULL MAIDEN NAME	Elvira Clayton
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler M.D.
(Physician or midwife)

Address Burley Ida

Filed Mar. 5 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

REASONS

Dup of 1922 - Dulo-832

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Springdale

Street:

County: Cassia County

File Number: 99285

Registration Dist. No.: 30

Sex of Child: female

Date of Birth: February 11th 1922

Father: Royce Eugene Hess (Full Name)

Mother: Elreva Langston (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lola Irene Hess
Child's Name in Full

Elreva L. Hess
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

DUP OF 1922 D 66-832

155-209-016-331

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 2 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Bunley

No. Amended 6-15-81 St.

Registration District No. 117

File No. 99287

Hospital

Primary Registration District No. 2196

Registered No. 2207

FULL NAME OF CHILD Fern Levera Jensen

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	Feby 9 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Martin LeRoy Jensen	FULL MAIDEN NAME	Olive Vera Clark
RESIDENCE	Bunley	RESIDENCE	Bunley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Keep House

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8:55 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Carter M.D.
(Physician or midwife)

Address Bunley Ida

Filed Mar 5 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., A....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
APR 15 1981
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE

State of Idaho
County of Cassia } ss.

Certificate No. 99287
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Joan Jensen (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb. 9, 1922 (Date of Event)

in Burley, (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Joan Jensen	Fern LeVera Jensen
Father's name	LeRoy M Jensen	Martin LeRoy Jensen

Subscribed and sworn to before me this 6th day of April, 1981.
Notary Public Frank A. Kearns
Residing at Burley Idaho
My commission expires Life Term
(Seal)

Fern LeVera Jensen Brown
Signature of Applicant
Route 3 Box 321 Burley Ida.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of April, 1981.
Notary Public Frank A. Kearns
Residing at Burley Idaho
My commission expires Life Term
(Seal)

Nellie Jensen Hess
Supporting Signature
1251 Elba Burley Ida
Street Address, City, State

Certificate of Blessing gives name as Fern LeVera Jensen b on February 9, 1922 in Burley, Idaho, to Martin LeRoy Jensen and Olive Vera Clark. Blessed March 19, 1922, in L.D.S.Church
Viewed by V.S.

JUN 17 1981

Own child's birth certificate on file with Bureau of Vital Statistics gives name of mother as Fern LeVera Jensen. Child born July 12, 1944, in Burley, Idaho, state file #
Viewed by V.S.

534-114-016-215

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 99288

RECEIVED MAR 1922

County of Cassia

City of Burley

No. ..... St. P.O.

Registration District No. 117 File No. .....

Hospital ..... Primary Registration District No. 2196 Registered No. 2208

FULL NAME OF CHILD Sylvester Junior Eldredge
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	Feby 14 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Saml S. Eldredge	FULL MAIDEN NAME	Leo Savage
RESIDENCE	Declo	RESIDENCE	Declo
COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)	COLOR	White AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Hwf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler
M. D.
(Physician or midwife)

Address Burley, Idaho.

Filed Mar 5 1922 Dr J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-124-017-249

PLACE OF BIRTH

STATE [redacted]

Bureau of [redacted]

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

County of Clark

City of Idmon

Registration District No. 125

File No. 99289

No. , Ward

Primary Registration District No. 2203

Registered No.

Hospital

FULL NAME OF CHILD Lynn Dean Haight

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
male		yes	Jan. (Month) 24 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Wm Glen Haight	FULL MAIDEN NAME	Anna Ella Smith
RESIDENCE	Idmon	RESIDENCE	Idmon Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Parker Idaho	BIRTHPLACE	Anaconda, Mont.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth five

Number of children, of this mother, now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ella F. Smith

Grandmother of Child (Physician or Midwife)

Given name added from a supplemental report

, 19

Address Idmon Idaho

Registrar

Filed Feb 28 1922 C E Jones M.D. Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

APR 28 1950

795-122-017-485

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED MAR

CERTIFICATE OF BIRTH

Registration District No. 125 File No. 99290

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD Emerson ~~Everett~~ Edward Green

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb 22 1922

FATHER		MOTHER	
FULL NAME	Alonzo Edward Green	FULL MAIDEN NAME	Jeanette F. Myers
RESIDENCE	Small PO	RESIDENCE	Small PO
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Idaho	BIRTHPLACE	KY
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 6:40 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Jones MD
(Physician or midwife)

Address Dubois Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Feb 22 1922 C E Jones MD
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/18/41 L. B.

356+19:017-38k

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR ... 19..

Registration District No. 125 File No. 99291

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD Warren G Leonardson

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb 14 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl G Leonardson	Leah Thomas
RESIDENCE	Dubois	Dubois
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	37
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Co Assessor	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 4:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) C E Jones M D

(Physician or midwife)

Address Dubois Idaho

Filed Feb 19 1922 C E Jones M D

Registrar

992-218-026-395

[redacted]

11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Winsper PO

Registration District No. 125 File No. 99292

No. ____ St.

Primary Registration District No. 2203 Registered No. ____

Hospital ____

FULL NAME OF CHILD Florence Mary Rising

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Feb 18 1922

FATHER		MOTHER	
FULL NAME	Fred Rising	FULL MAIDEN NAME	May Trembly
RESIDENCE	Winsper PO	RESIDENCE	Winsper PO
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Nebr	BIRTHPLACE	Nebr
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 10:459 M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) C E Jones MD

(Physician or midwife)

Address Dubois Idaho

Filed Feb 18 1922

C E Jones MD
Registrar

K

JAN 21 1943

DECEASED

Amended 10/29/70

317-203-017-317

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 99293
Local Reg. No.
Reg. Dist. No. 125

1. PLACE OF BIRTH

a. COUNTY: Clark

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Humphrey

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Clark

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Humphrey

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Aurora b. (Middle): Ibarra c. (Last): Tapia

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Feb. 3, 1922

FATHER OF CHILD

7. FULL NAME

a. (First): Victoriano b. (Middle): Ibarra c. (Last): Barba

8. AGE (At time of this birth): 41 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Mexico

10. USUAL OCCUPATION: Laborer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Juana b. (Middle): c. (Last): Tapia

13. AGE (At time of this birth): 41 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Mexico

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 14

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: C. E. Jones, M. D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Dubois, Idaho

20. DATE SIGNED: Feb. 3, 1922

21. DATE REC'D BY LOCAL REG.: Feb. 3, 1922

22. REGISTRAR'S SIGNATURE: C. E. Jones, M. D.

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

Time of birth 10:30am

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
AUG 20 1970
Bureau of Vital Statistics

State of COLORADO
County of DENVER } ss.

Certificate No. 99293

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Sancedo (Barra) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 3, 1922 (Birth or Death) (Date of Event) in Humphrey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Aurora Ibarra Tapia
Father's name	Victor Y Barra	Victoriano Ibarra Barba
Mother's name	Juan Sancedo	Juana Tapia

Subscribed and sworn to before me this 17th day of August, 1970

Michael W. Herrera

Notary Public, residing at Denver, Colo.

My commission expires Dec. 28, 1971

(Seal)

Signed Refugio Valadez
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

780 Frederick Dr. El Paso, Tex.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 8/11/70 nm

Mann Overall Comapny, Inc. (John Hancock Mutaul Ins. Co.) gives name as Aurora I. Azua. Dated Apr. 6, 1956. Viewed by V. S.

OCT 29 1970

Birth record from Mexico for Beatriz Azua. Gives mother's name as Aurora Ibarra Azua, and husband' sname as Esequiel Azua. mother's parents name as Victoriano Ibarra and Juana Tapis. Dated March 30, 1940. Copy of issued at Ciudad Juarez, Chihua, the 2nd day of may, 1940. Signed by The Judge of the Civil Registry. Viewed by V. S.

Voter's registration from CD. Juarez District III gives name as Victoriano Ibarra Barba. Age 77, Sex Male. Dated Dece 17, 1957. Viewed by V. S.

United States Public Health Service Border Quarantine Certificate from El Paso, TX dated April 18, 1933 gives name as Victoriano Ibarra. Age 52. Viewed by V. S.

United States of America Non-resident Alien's Border Crossing Identification Card gives name as TAPIA-de Ibarra, Juana. date of birth 4-8-80. dated Dec. 9, 1957 at El Paso, Texas. No. 695096. Viewed by V. S.

557-103-017-155

PLACE OF BIRTH

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clark

City of Dubois

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

Registration District No. 125 File No. 99294

No. _____ St.

Primary Registration District No. 2203 Registered No. _____

Hospital _____

FULL NAME OF CHILD Mahlon J. England

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb 3 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles W England	FULL MAIDEN NAME	Marinda A Jensen
RESIDENCE	Dubois	RESIDENCE	Dubois
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Canada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive ~~or stillborn~~), at 5:40 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Jones MD
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Dubois Idaho

Registrar

Filed Feb 3 1922 C E Jones MD
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, APR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Dubois; Street Idaho; County Clark

File Number 99294

Registration Dist. No. .....

Date of Birth Feb. 3 192.2.

Sex of Child Male

Father Chas William England (Full Name) Mother Marinda Alberta Jensen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mahlon J. England.
Child's Name in Full

Marinda Alberta England
Signature of Father or Mother

1936

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

108-481-018-555

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Elk River

No. ..... St.

Registration District No. 91 File No. 99295

Primary Registration District No. 2166 Registered No. .....

Hospital .....

FULL NAME OF CHILD Leoyd Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
male		6th	Yes	Jan 3 (Month) (Day) 22 (Year)

FATHER		MOTHER	
FULL NAME	Carl Johnson	FULL MAIDEN NAME	Anna Wells
RESIDENCE	Elk River Idaho	RESIDENCE	Elk River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at E. R. I. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. P. McConnell

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19....

Registrar

Filed Jan 31 1922

Mrs. F. P. McConnell

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

949-114 of 8367

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED ... 1922 ... VITAL ...

County of Clearwater

City of Elk River

Registration District No. 91 File No. 99296

No. ..... St.

Primary Registration District No. 216 F Registered No. .....

Hospital .....

FULL NAME OF CHILD John Valentine Dupraw

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	9th	Yes	Feb. 14 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ezra Dupraw	FULL MAIDEN NAME	Emma Cox
RESIDENCE	Elk River	RESIDENCE	Elk River Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	Fireman Saw Mill	OCCUPATION	House Wife

Number of child of this mother, including present birth 9th Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. P. McCormick

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Feb. 17 1922 Mr. F. P. McCormick Registrar

Registrar

9-7 CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

343-219-018-253

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clear Water

City of Elk River

Registration District No. _____ File No. 99298

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Ella Alvira Cutling

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female		5th	Yes	Feb 19th 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Lester Cutling	FULL MAIDEN NAME	Charity Roseville Bell
RESIDENCE	Elk River Idaho	RESIDENCE	Elk River Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Oregon
OCCUPATION	Teamster Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. P. McCormick

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed Mar 1922

_____ Registrar

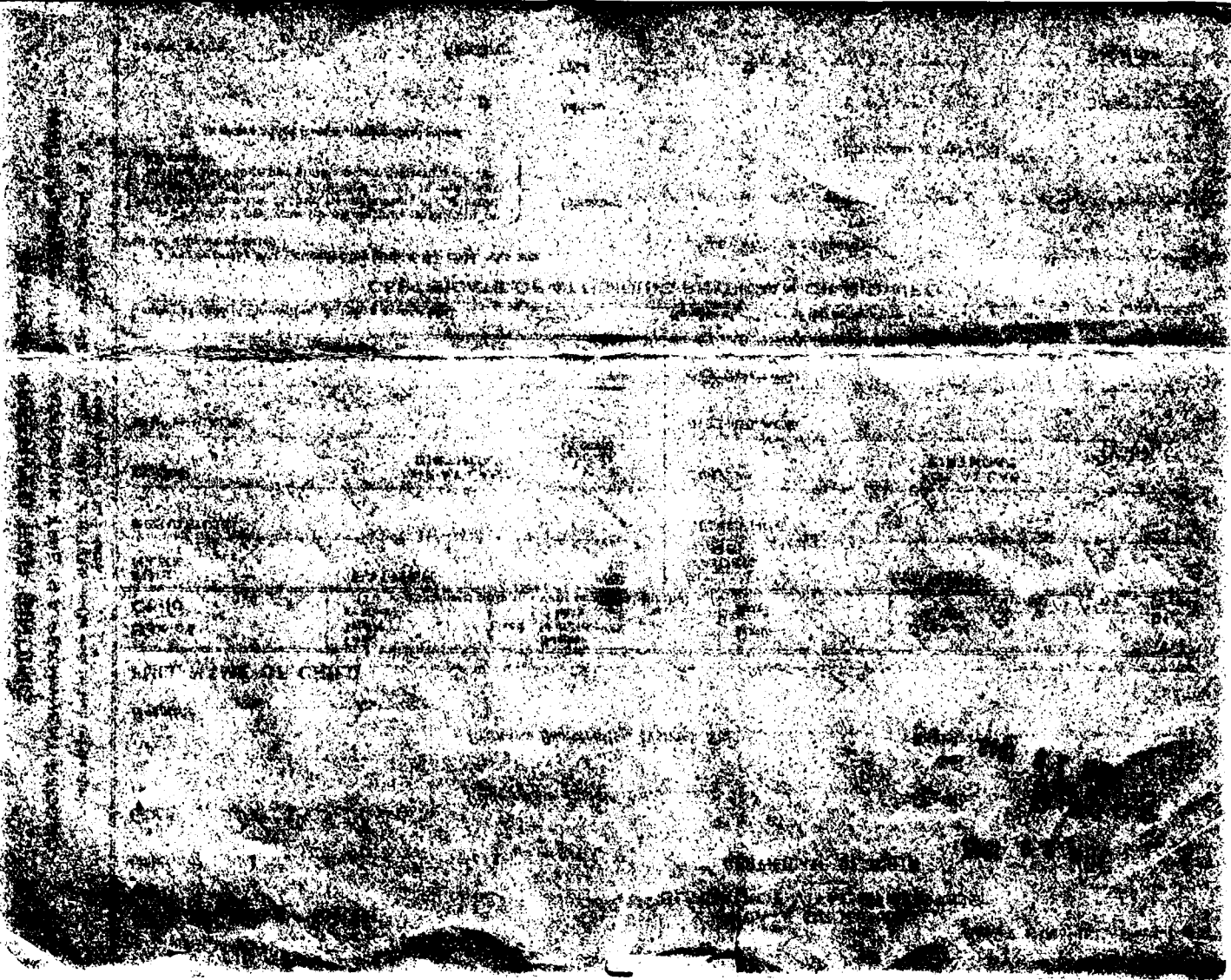
_____ Registrar

S-Y CO. 24652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



355-1201018-556

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAR 1922

County of Clear Water

City of Elk River

Registration District No. 91

File No. 99299

No. ..... St.

Primary Registration District No. 2166

Registered No. .....

Hospital .....

FULL NAME OF CHILD Dewey Eloi Lerboy

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	3rd	Yes	Jan 20 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Eloi Rudolph Lerboy	FULL MAIDEN NAME	Margaret Veole
RESIDENCE	Elk River	RESIDENCE	Elk River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Norway
OCCUPATION	Sawyer in Saw Mill	OCCUPATION	House wife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. McCormick

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Jan 23rd 1922 Mrs. F. P. McCormick
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

968-208018-259

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED MAR 20 19[illegible] BUREAU [illegible]

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

No. _____ St.

Hospital _____

Registration District No. 90 File No. 99300

Primary Registration District No. 2168 Registered No. 6

FULL NAME OF CHILD Otha Marie Roy

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	X		X	Yes	1/8/22 (Month) (Day) 191 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Glen Roy	FULL MAIDEN NAME	Bessie Kerns
RESIDENCE	Orofino	RESIDENCE	Orofino
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	W Va.	BIRTHPLACE	W. Va.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eile W Horswell
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Orofino Idaho

Filed Feb 15 1922 J. M. Fairley
Registrar

Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Orofino

Street: .....

County: Clearwater

File Number: 99300

Registration Dist. No. .....

Date of Birth: January 8 1922

Sex of Child: Female

Father: Fred Glenn Roy (Full Name)

Mother: Bessie Kerns Roy (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Otha Marie Roy
Child's Name in Full

Fred Glenn Roy
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

815-124018-18-5

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Quorn

Registration District No. 40 File No. 99301

No. ..... St.

Primary Registration District No. 5168 Registered No. 7

Hospital

FULL NAME OF CHILD Forest Joseph Hanks

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	Yes	1/24/31 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph M Hanks	FULL MAIDEN NAME	Ella Ayers
RESIDENCE	Lenore	RESIDENCE	Lenore
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eile Morswell (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino Idaho

Filed Feby 15 1932 J M Finley Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

754-128-018-632

Name amended 1-6-87 lh

Form V. S. No. 11-C—25m-9-8-15

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

Registration District No. 90

File No. 99302

No. ..... St.

Primary Registration District No. 2168

Registered No. 8

Hospital ..... Earl Simon

FULL NAME OF CHILD ~~Simmon Earl~~ Pederson

Sex of Child Male	Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 1/28/22 (Month) (Day) 191 (Year)

FATHER		MOTHER	
FULL NAME	Theodore Pederson	FULL MAIDEN NAME	Emma Olson
RESIDENCE	Orofino Ida	RESIDENCE	Orofino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	California
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (born alive or stillborn), at 8:15 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl W Horswell (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino, Idaho

Filed Feby 15 1922 J M Fairly Registrar

Registrar

S-Y-CO 38071

CENTRAL FEDERAL SAVINGS

INDIVIDUAL ACKNOWLEDGEMENT

STATE OF CALIFORNIA
COUNTY OF San Diego } SS.

On November 25, 1986 before me, the undersigned, a Notary Public in and for said County and State, personally appeared Earl Simon Pederson,
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he executed the same.

Signature

Karen A. Ewing
Name (Typed or Printed)

FOR NOTARY SEAL OR STAMP

OFFICIAL SEAL
KAREN A. EWING
NOTARY PUBLIC - CALIFORNIA
Principal Office in San Diego County
My Commission Expires Mar. 3, 1989

STAPLE HERE

BA 270 (7/82)

11-20-86

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

DEC 29 1986

State of _____
County of _____ } ss.

Certificate No. 99302
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Simmon Erle (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan 28, 1922 (Date of Event)
in Orofino (Clearwater) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Simmon Erle	Earl Simon Pederson

Subscribed and sworn to before me this 16th day of December, 19 84
Notary Public, [illegible]
Residing at [illegible]
My commission expires 6-5-90
(Seal)

X Earl Simon Pederson
Signature of Applicant

X 7150-E16 BROADWAY LEMON GROVE CA
Bx 1421 LA MESA
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

[signature]
Supporting Signature

Street Address, City, State

1cc pd

JAN 6 1986

Honorable Discharge papers gives name as Earl Simon Pederson born Jan. 28, 1922 in Orofino, ID (male). Date of Separation July 6, 1950. Date of entry Sept. 10, 1942. U.S. Navy
Viewed by V.S.

Designation of Beneficiary - Federal Employees Group Life Ins. Program- U.S. Postal Service in La Mesa, CA gives name of insured as Earl Simon Pederson, born Jan. 28, 1922. Dated Jan. 11, 1980.
Viewed by V.S.

493-107-018-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99303

County of Clearwater

City of Orofino

Registration District No. 90

File No.

No. ..... St.

Primary Registration District No. 2168

Registered No. 9

Hospital

FULL NAME OF CHILD John Hodge Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feby 7 1922

FATHER		MOTHER	
FULL NAME	Gilbert Hodge Miller	FULL MAIDEN NAME	Anna J. Wotkowski
RESIDENCE	Gilbert Ida	RESIDENCE	Gilbert Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ills
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McFarley

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino Ida

Registrar

Filed Feby 8 1922 J. McFarley Registrar

MARGIN RESERVED FOR B.

WRITE PLAINLY WITH UNFADING INK · THIS IS A PERM.

N. B. In case of more than one child at birth a SEPARATE RETURN must be m... and the number of each, in order of birth stated.

APR 6 1970

142-208-018-791

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Alamata

City of Orofino

Registration District No. 90

File No. 99304

No. ..... St.

Primary Registration District No. 2168

Registered No. 10

Hospital .....

FULL NAME OF CHILD Lilie Fay Austin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feby 8 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Authy Austin	FULL MAIDEN NAME	Ira May Grant
RESIDENCE	Orofino Ida	RESIDENCE	Orofino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Neber	BIRTHPLACE	Neo.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Faidy

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Orofino Idaho

Filed Feby 8 1922

J. M. Faidy
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

663-225-018-246

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-8-5-17

Registration District No. 90

File No. 99305

Primary Registration District No. 2168

Registered No. 11

FULL NAME OF CHILD [redacted] Dolan Follett

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 25 1917

FATHER

FULL NAME Ezra Follett

RESIDENCE Lenore Ida

COLOR White AGE AT LAST BIRTHDAY 50 (Years)

BIRTHPLACE Me.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Amy A. Smathers

RESIDENCE Lenore Ida

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Idaho

OCCUPATION Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 7:00 P.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Smith

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19..... Address Orofino Idaho

Registrar Filed July 25 1917 J. M. Smith Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

APR 7 - 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Orofino

Street: .....

County: Clearwater

File Number: 99305

Registration Dist. No. .....

Date of Birth: Feb. 25, 1922

Sex of Child: Female

Father: Ezra B. Follett (Full Name)

Mother: Amy Ann Smathers (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Viola Follett
Child's Name in Full

Amy A. Follett
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

693-119-020-592

[redacted] OF BIRTH

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-8-15

CERTIFICATE OF BIRTH

[redacted] County of Clearwater

City of King Hill Registration District No. 35 File No. 99306

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Kenneth Earl Wilkes

Sex of Child: Male	Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Jan (Month) 19 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Howard Wilkes	FULL MAIDEN NAME	Violet Cossentine
RESIDENCE	King Hill	RESIDENCE	King Hill
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Maryland	BIRTHPLACE	Maryland
OCCUPATION	Ship Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth one — Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 A. M. on the date above stated.

(Signature) J. J. Reed M. D.

(Physician or midwife)

Address Glenns Ferry Ida

Jan 9 1922 J. J. Reed

Deputy Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

316-105-020-255

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

99307

County of Elmore

City of Glenns Ferry

Registration District No. 35 File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Jewel Edward Lawrence

Sex of Child M | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Feb 5 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Flay J Lawrence	FULL MAIDEN NAME	Hazel Kenney
RESIDENCE	Glenns Ferry	RESIDENCE	Glenns Ferry
COLOR	W AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Ark	BIRTHPLACE	Okla
OCCUPATION	Machinist's Helper	OCCUPATION	H W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:40 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Pond M D

(Physician or midwife)

Given names added from a supplemental report.

Address Glenns Ferry Ida

19

Filed Mar 9 1922 J J Pond Deputy Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

285-109-020-555

PLACE OF BIRTH

County of Elmore

City of Glenns Ferry

No. ____ St.

Hospital

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAR 20 19
BUREAU OF VITAL STATISTICS

Registration District No. 35

File No. 99308

Primary Registration District No. Joseph

Registered No. ____

FULL NAME OF CHILD Howard Stanton Shelton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	Feb 9 1922

FATHER

FULL NAME Howard Stanton Shelton

RESIDENCE Glenns Ferry

COLOR W AGE AT LAST BIRTHDAY 41 (Years)

BIRTHPLACE Ills

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Alice Venable

RESIDENCE Glenns Ferry

COLOR W AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Texas

OCCUPATION Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:40 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) J. J. Pond M.D.

(Physician or midwife)

Address Glenns Ferry Ida

Filed Feb 7 1922 J. J. Pond Registrar

Deputy

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 1-31-57 amended 1/10/80

PLACE OF BIRTH

366-23-020-719

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Glenns Ferry

City of Elmore

No. ____ St.

Registration District No. 35 File No. 99309

Hospital ____ Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Uella Faye Loosli
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb. 23 192 2

What bacteriocidal solution was used in eyes? ____

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Vivian L. Loosli	FULL MAIDEN NAME	Uella J. Park
RESIDENCE	Glenns Ferry	RESIDENCE	Glenns Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Pond, M. D.

(Physician or midwife)

Address Glenns Ferry

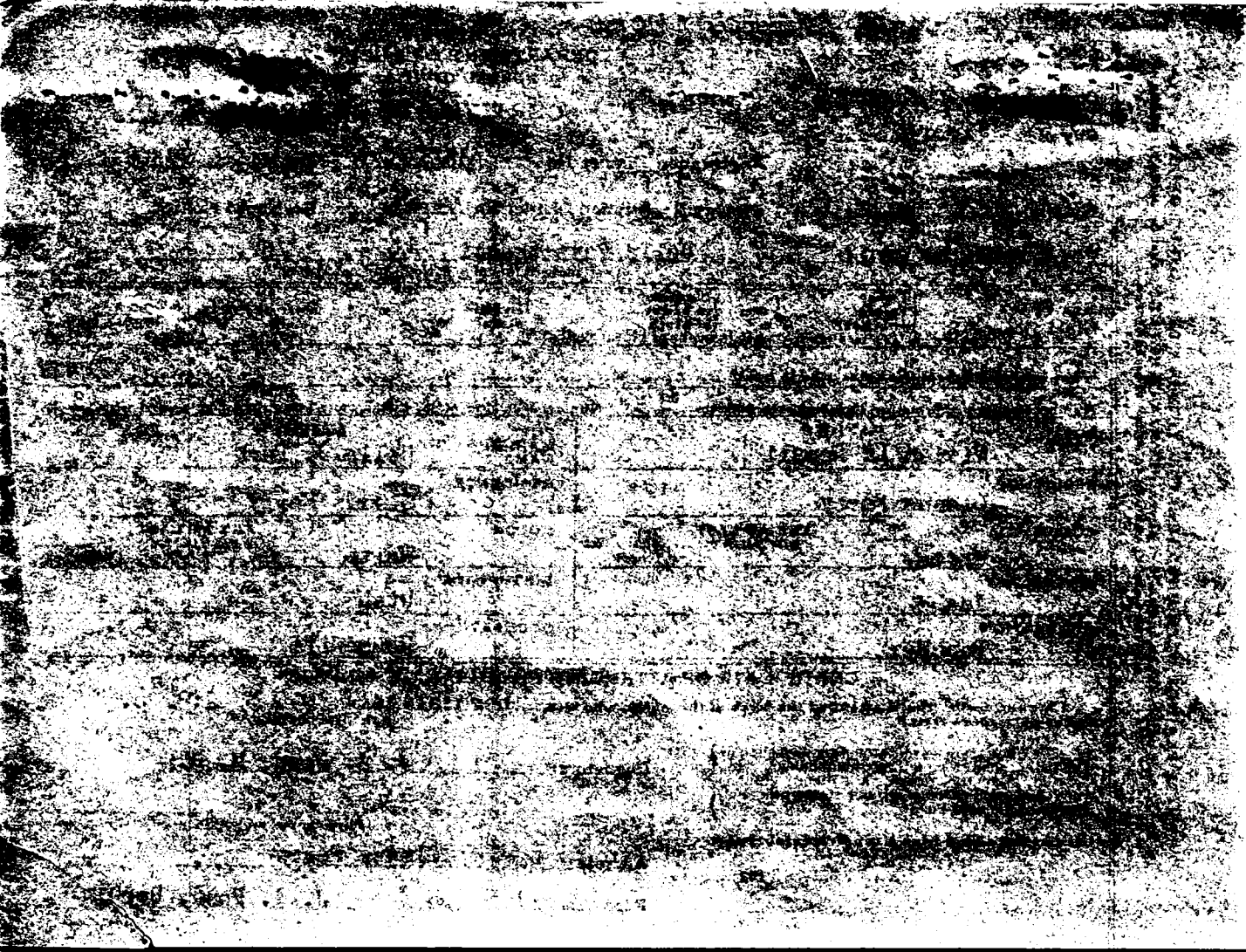
Give names added from a supplemental report.

....., 192....

Registrar.

Filed March 9 192 2 J. J. Pond, Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JUL 14 4 51 PM '79

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Madison } ss.
County of [illegible]

Certificate No. 99309

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Uella Faye Loosli (Name on Original Certificate) who was born (Was Born or Died) on Feb. 18, 1922 (Date of Event)
in [illegible] Glenns Ferry (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Blessing & Baptism (Bible Record, Insurance Policy, Etc.) prepared on Feb 1923 & March 1930 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
date of birth	Feb. 18, 1922	Feb. 23, 1922
no. [illegible] of mother	2	3
no. of children of mother living	2	3

Subscribed and sworn to before me this 10 day of DECEMBER, 1975

Notary Public, residing at ST. ANTHONY, IDAHO
My commission expires LIFE TIME
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
St. Anthony, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of July, 19 79

Notary Public, residing at Rexburg, ID
My commission expires 10-26-80
(Seal)

Signed Beulah Loosli Hall
(Signature of Any Credible Person)

Rt. #2, Rexburg, ID 83440
(Street Address, City, State)

FORM DH 60-155

~~Correction corresp.~~ 1-25-~~78~~ (L) fc

78

Certif of Baptism from the LDS Church gives name as Uella Faye Looslie daughter of Vivian Lando Looslie and Uella Jane Park. born Feb 23, 1922 at Glenns Ferry, Idaho. Baptized May 3, 1930. viewed by V. S.

Certif of Blessing from the LDS Church gives name as Uella Fay Looslie daughter of Vivian Looslie and Uella Parl. boen Feb 23, 1922 at Glenns Ferry, Idaho. Blessed Feb 4, 1923 viewed by V S

JAN 10 1980

Family group sheet fro Vivian Lando Loosli and Uella Jane Park lists Uella Faye Looslie as the third child born to the above parents. viewed by V. S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Elmore } ss.

Certificate No. 99309

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Unnames Looselie (Name on Originaf Certificate) who was born (Was Born or Died) on February 23 1922 (Date of Event)
in Elmore County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Baptism (Bible Record, Insurance Policy, Etc.) prepared on May 4, 1930 (Give Date), are:
Other Child's birth cert. Viewed by W. S. 1947

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed Looselie	Uella Faye Loosli
Father's Name	Vivian C. Looselie	Vivian Loosli
Mother's Name	Uella J. Clark	Uella J. Park

Subscribed and sworn to before me this 12th day of January, 1947

Notary Public, residing at Mtn Home, Idaho
My commission expires 12-10-50
(Seal)

Signed Claudia E. Crabb
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
140 N 3rd E. Mtn Home, Idaho,
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Elmore } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of January, 1947

Notary Public, residing at Mtn Home Idaho
My commission expires 12-10-50
(Seal)

Signed Vivian L Loosli
(Signature of Any Credible Person)
Mtn Home Idaho
(Street Address, City, State)

FORM DPH 55. 155

132-118-020-295

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Elmore

City of Mountain Home

No. ..... St.

Hospital .....

Registration District No. 34 File No. 99310

Primary Registration District No. 2028 Registered No. 4

FULL NAME OF CHILD Lawrence Arthur Alban

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	1st 18th 1922

FATHER		MOTHER	
FULL NAME	Arthur Henry Alban	FULL MAIDEN NAME	Emma Kienholz
RESIDENCE	Rocky Bar Idaho	RESIDENCE	Rocky Bar Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Roosburg Washington	BIRTHPLACE	Milbank, South Dakota
OCCUPATION	Mining.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9.25 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19 .....

Registrar

(Signature) Mrs. Wm R Deckard.

Attending
(Physician or midwife)

Address Price Idaho

Filed 2-20-1922

J. E. Timms
Registrar

MAR 7

JUN 30 1955

819-124-020266

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99311

County of Elmore

City of Mtn Home

Registration District No. 34 File No.

No. St.

Primary Registration District No. 2020 Registered No. 6

Hospital

FULL NAME OF CHILD Eloise Harmer.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	2-24- 1922

FATHER		MOTHER	
FULL NAME	Guy P Harmer	FULL MAIDEN NAME	Lavina Bowman
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Minn	BIRTHPLACE	Ills.
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Emmons MD

(Physician or midwife)

Address Mtn Home Ida

Given names added from a supplemental report.

19

Registrar

Filed 3-6-1922

H E Emmons

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 7 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED APR 10 1975 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 99311

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Harmer (female) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 24, 1922 (Date of Event)
in Mtn. Home, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Eloise Harmer

Subscribed and sworn to before me this 3rd day of April, 1975

Notary Public, residing at Spokane, Washington
My commission expires Aug 16, 1977
(Seal)

Signed Cydie Harmer Brother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

709 E. Dalke, Spokane, Washington 99207
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada }
County of White Pine } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of April, 1975

Notary Public, residing at Ely, Nev.
My commission expires June 3, 1978
(Seal)

Signed [signature] Husband
(Signature of Any Credible Person)

Box 162 Ely Nevada
(Street Address, City, State)

NANCY M. SWANSON
Notary Public - State of Nevada
White Pine County, Nevada
Commission Expires June 3, 1978

FORM DH 60-155

CL 3/27/75

MAY 1 1975

Family Bible Obviously Old by family gives name as Eloise Harmer born Feb. 24, 1922.
Viewed by VS

Certificate of Marriage , State of Washington, County of Yakima- Leonard Mathews and Eloise Harmer married December 22, 1938 by W. E. Mansfield.
Viewed by VS

763-213-020-314

PLACE OF BIRTH

County of Elmore

City of Mtn Home

No. _____ St.

Hospital _____

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 34 File No. 99312

Primary Registration District No. 2028 Registered No. 7

FULL NAME OF CHILD Neva Ruth Goldman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	2 - 13 - 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James R Goldman	FULL MAIDEN NAME	Jimmie L Ladd
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Texas	BIRTHPLACE	Okla
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T E Evans

M D
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Mtn Home Ida

Registrar

Filed 3 - 1 - 1922

T E Evans
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 1967

AUG 2 7 1971

893-122-020-655

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED MAR

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Mtn Home

City of Elmore

Registration District No. 34 File No. 99313

No. ..... St.

Primary Registration District No. 2020 Registered No. 8

Hospital .....

FULL NAME OF CHILD James Frank Hitchcock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	2 (Month) — 22 (Day) — 1922 (Year)

FATHER		MOTHER	
FULL NAME	Hastings G. Hitchcock	FULL MAIDEN NAME	Florence E Weeks
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Wis	BIRTHPLACE	Mo.
OCCUPATION	Garage Owner	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 10:10 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T E Evans

M-D.
(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Mtn Home Ida

Filed 3-1-1922 T E Evans
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 27 1948

255 - 27 [redacted] 466

PLAC[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 2 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99315

County of Franklin

City of Windor

No. ..... St.

Registration District No. 27 File No. .....

Hospital ..... Primary Registration District No. 2119 Registered No. 45

FULL NAME OF CHILD Zelda Bennett
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Feb. 13 1922

What bactericidal solution was used in eyes? Ag NO3 17 sol.

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Geo. Albert Bennett	FULL MAIDEN NAME	Elizabeth Jane Moore
RESIDENCE	Windor	RESIDENCE	Windor
COLOR	W. AGE AT LAST BIRTHDAY 41 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE	Kaysville W.	BIRTHPLACE	Centerville W.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. E. Peterson
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Preston Idaho

Filed Mar 1 1922 Mrs. Ida Tippets Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

132-226-021-416

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99316

County of Franklin

City of Preston

No. ____ St.

Registration District No. 27 File No. ____

Hospital ____ Primary Registration District No. 2119 Registered No. 41

FULL NAME OF CHILD Dona Rose Atkinson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	7-26-1922

What bactericidal solution was used in eyes? Silvernitrate 1% Sol

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 8

FATHER	MOTHER
FULL NAME Henry C. Atkinson	FULL MAIDEN NAME Charlotte H. Dowson
RESIDENCE Preston	RESIDENCE Preston
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Utah	BIRTHPLACE Weston Idaho.
OCCUPATION Farmer.	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) T. E. Betenson

Physician
(Physician or midwife)

Address Preston Idaho.

Filed Mar 1 1922 Mrs Ida Tippets
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEV[illegible] [illegible] BIRT[illegible]

[illegible]IED FO[illegible]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City: Treasureton
Street:
County: Franklin

File Number: 99316

Registration Dist. No.: 2 [illegible]

Date of Birth: Feb 26 1922

Sex of Child: Female

Father: Henry C Atkinson
Full Name

Mother: Charlotte H Dawson
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Donna Rose Atkin[illegible]
Child's Name in Full

Charlotte H Atkinson
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

632-117.021-168

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99318

County of Franklin

City of Mink Creek

No. ..... St.

Registration District No. 27 File No. .....

Hospital .....

Primary Registration District No. 2119. Registered No. 53

FULL NAME OF CHILD Ariel La Mar Olsen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes.	2 17 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ariel Olsen	FULL MAIDEN NAME	Emma Johnson
RESIDENCE	Mink Creek	RESIDENCE	Mink Creek
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Mink Creek	BIRTHPLACE	Grace, Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was bonalive, at 1 45 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A R Cutler Jr

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Preston Idaho

Filed Mar 1 1922 A R Cutler Jr
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...ERAL REASONS WHY ...RTIFICA...
... EACH C...

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Mink Creek, Idaho

Street: .....

County: Franklin Co.

File Number: 99318

Registration Dist. No.: 23

Sex of Child: Not given boy

Date of Birth: February 17, 1927

Father: Ariel L. Olsen (Full Name)

Mother: Emma Victoria Johnson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ariel La Mar Olsen (Child's Name in Full)

Mrs Ariel Olsen (Signature of Father or Mother)

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

193-218-021-916 AMENDED FATHER'S NAME 6-13-97 MS

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99319

County of Franklin

City of Fairview

St.

Registration District No. 27 File No.

Hospital Primary Registration District No. 2119 Registered No. 43

FULL NAME OF CHILD INA GILBERT

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	Feb. 18 1922

What bactericidal solution was used in eyes? Silver Nitrate Sol. 1%

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 5

FATHER

FULL NAME Ethan E. Gilbert

RESIDENCE Fairview

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Fairview

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Lottie Rawlings

RESIDENCE Fairview

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Fairview.

OCCUPATION House Wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:10 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Peterson

Physician

(Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

Filed Mar. 1 1922 Mrs Ida Tippets Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 19

4-22-97

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
VITAL STATISTICS
97 MAY -1 AM 10:50

State of _____ } ss.
County of _____

Certificate No. 1922-99319
Date Filed MAR. 20, 1922

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for INA GILBERT (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on FEB. 18, 1922 (Date of Event)

in FAIRVIEW (FRANKLIN) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
FATHER'S NAME	ETHER E. GILBERT	ETTNA E. GILBERT

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Ina G. Jensen
Signature of Applicant

12765 So. 1635 W. Riverton
Street Address, City, State Utah 84065

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of SALT LAKE

(Must be completed __)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of _____

NOTARY PUBLIC
STATE OF UTAH
My Commission Expires
September 23, 1997
PAUL C. EVANS
2540 West 9000 South
West Jordan, Utah 84088

Notary Public, _____

Residing at _____ Utah

My commission expires 9-23-97

(Seal)

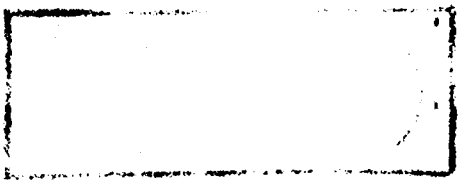
_____
Supporting Signature

_____
Street Address, City, State

Issued 3-18 97

- STATE OF IDAHO CERTIFICATE OF BIRTH FILED 3/8/15 FILE #1915-28295 SHOWS MAVIS GILBERT BORN FEB. 3, 1915 IN FAIRVIEW (FRANKLIN) ID TO LOTTIE RAWLINGS. AND ETTNA E. GILBERT VIEWED VS.

STATE OF IDAHO CERTIFICATE OF DEATH FILED 7/1/76 FILE #76-2862 SHOWS ETTNA ELIJAH GILBERT DIED JUNE 19, 1976 IN POCATELLO (BANNOCK) ID VIEWED VS.



Amended 7-15-65

266-22 3 021-717

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 99320
Local Reg. No. 47
Reg. Dist. No. 27

1. PLACE OF BIRTH

a. COUNTY: Franklin

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Fairview

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Franklin

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Fairview

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Veneta b. (Middle): c. (Last): Bodily

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	2 - 23 - 1922

FATHER OF CHILD

7. FULL NAME

a. (First): Joseph b. (Middle): A. c. (Last): Bodily

8. AGE (At time of this birth)	9. BIRTHPLACE (State of foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
30 YEARS	Idaho	Farming	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Rhoda b. (Middle): Maria c. (Last): Page

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
21 YEARS	Idaho	0	0	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: A. R. Cutler, Jr.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Preston, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 3-4-1922

22. REGISTRAR'S SIGNATURE: A.R. Cutler, Jr.

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES NO DATE

OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
JUL 12 1965
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Franklin } ss.

Certificate No. 99320

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Veneta Bodily (Name on Original Certificate) who was born (Was Born or Died) on Feb. 23, 1922 (Date of Event)
in Fairview, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Maiden Name of Mother	Rhoda Myria Page	Rhoda Maria Page

Subscribed and sworn to before me this 9th day of July, 1965

Ted B. Larsen
Notary Public, residing at Preston Idaho
My commission expires May 12, 1966
(Seal)

Signed Joseph A. Bodily
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Preston RFD #1 Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Franklin } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of July, 1965

Ted B. Larsen
Notary Public, residing at Preston, Idaho
My commission expires May 12, 1965
(Seal)

Signed George E. Bodily
(Signature of Any Credible Person)
Preston RFD #1 Idaho
(Street Address, City, State)

FORM DH 60-155

CL 7-2-65. one copy pd.

- Marriage License and Certificate, State of Utah, County of Salt Lake, married March 30, 1921 at Salt Lake City, Utah gives full name of groom as Joseph Austin Bodily and full name of bride as Rhoda Maria Page - viewed by V.S. License No. 37101.

Photo Copy of Family Record, Patriarch Blessing, Oct. 22, 1922 at Lewiston, Utah, gives full name as Rhoda Maria Bodily, daughter of James Page and Emma Kemf Page, born Sept. 25, 1900 at Dayton, Idaho - Blessing given by William Waddoups - viewed by V.S.

264-213-021-693 Amended 9/7/79

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99321

County of Fremont
City of Fairview
No. ____ St.
Hospital ____

Registration District No. 27
Primary Registration District No. 2119

File No. ____
Registered No. 55

FULL NAME OF CHILD Waldene Bodily
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.			yes.	1 13 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Geo. C. Bodily.	FULL MAIDEN NAME	Florence Lois Orchard
RESIDENCE	Fairview	RESIDENCE	Fairview
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 16 9 M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. R. Cutler M.D.
Physician
(Physician or midwife)
Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

Filed Mar 6 1922 C. R. Cutler M.D.
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-25-79

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 9 12 42 PM '79

AFFIDAVIT TO CORRECT OR AMEND ORIGINAL CERTIFICATE

State of Utah
County of Davis } ss.

Certificate No. 99321
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Bodily (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan. 13, 1922 (Date of Event)

in Fairview (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Childs Name	Omitted	~~Waldine~~ Bodily Waldene Bodily

Subscribed and sworn to before me this 3 day of Aug, 1979.

Notary Public, Wendy L Lamare
Residing at Layton, Utah
My commission expires 7-1-81
(Seal)

Waldene Bodily McDermott
Signature of Applicant
196 So. 2000 W Clearfield Ut. 84015
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Davis } ss.

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of Aug, 1979.

Notary Public, Wendy L Lamare
Residing at Layton, UT
My commission expires 7-1-81
(Seal)

Una B. Golightly
Supporting Signature
1632 E. Cherry Lane East Layton, Ut 84041
Street Address, City, State

Certif of Baptism from the LDS Church gives name as Waldene Bodily daughter of George C. Bodily and Foorence lois Orchard born Jan 13, 1922 at Fairview, Idaho. Baptized Jan 13, 1930 . viewed by V. S.

SEP 7 1979

Certif of Blessing from the LDS Church gives name as Waldene Bx Bodily daughter of Geo C. Bodily and Florence L. Orchard. born Jan 13, 1922 at Fairview, Idaho. Blessed Feb 5, 1922. viewed by V. S.

275-116-021-697

PLACE OF BIRTH

child's name amended 7-29-88 lh

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 99322

County of Franklin
City of Franklin
No. ____ St.
Hospital ____

Registration District No. 27 File No. ____
Primary Registration District No. 2119 Registered No. 56

FULL NAME OF CHILD ~~Welford Spencer~~ MERL WILFORD STOKES
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	1 16 1922

What bacteriocidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Welford Stokes	FULL MAIDEN NAME	Nora Wixsom
RESIDENCE	Franklin	RESIDENCE	Franklin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 a M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Cutler
Physician
(Physician or midwife)

Address Preston, Idaho

Filed Mar 1922 C. P. Cutler
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-31-86

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE

State of Utah
County of Box Elder } ss.

FEB 19 1987

Certificate No. 99322
Date Filed

Bureau of Vital Statistics Standards and Local Health Services

The undersigned does solemnly swear that certain facts on the certificate of birth for Wilford Spencer Stokes (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan 16, 1922 (Date of Event) in Franklin (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Wilford Spencer Stokes	Merl Wilford Stokes

Subscribed and sworn to before me this 11 day of Feb, 1987.
Notary Public, Lorin C Facer
Residing at Willard Ut
My commission expires June 1, 1987
(Seal)

x Merl Wilford Stokes
Signature of Applicant
x 40 So. 200 West Willard, Ut.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Box Elder } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of Feb, 1987.
Notary Public, Lorin C Facer
Residing at Willard Ut
My commission expires June 1, 1987
(Seal)

Nora W. Stokes
Supporting Signature
5205 So. 3101 west, Roy, Utah
Street Address, City, State

2 ccpd

JUL 2 9 1988

Certificate of Blessing from LDS Church gives name as Merl Wilford Stokes son of Wilford Stokes and Nora Wixom, born Jan. 1922 at Preston, Franklin Co., Idaho. Blessed April 2, 1922. Duplicate dated May 5, 1988
Viewed by V.S.

NOV 2 8 2000

Honorable discharge papers from U.S. Army dated Jan. 2, 1946 gives name as Merl W. Stokes born Jan. 16, 1922 in Preston, ID. Date of induction March 9, 1943.
Viewed by V.S.

459-167-021-253

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Registration District No. 27 File No. 99323

Hospital ..... Primary Registration District No. 2119 Registered No. 46

FULL NAME OF CHILD Melbourne James Merrill
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Feb. 7 1922

What bacteriecidal solution was used in eyes? Argyrol 1% Sol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Samuel Glen Merrill	FULL MAIDEN NAME Helen Keller
RESIDENCE Preston	RESIDENCE Preston
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Swan Lake, Ida.	BIRTHPLACE Minks Creek
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. E. Benson
Physician
(Physician or midwife)

Address Preston, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Mar. 1 1922 Mrs. Ida Tippetts Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 23 1942

753-216-021-331

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin
City of Preston
No. ..... St.
Hospital .....

Registration District No. 27 File No. 99324
Primary Registration District No. 2119 Registered No. 44

FULL NAME OF CHILD Beth Peterson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
7.		Yes.	Feb. 16 1922

What bactericidal solution was used in eyes? Silurnigerate 17. Sol.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Les James Peterson	FULL MAIDEN NAME	Lillian Chloe Clayton
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Bear Lake.	BIRTHPLACE	Preston
OCCUPATION	Farmer.	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. E. Betenson
Physician
(Physician or midwife)

Address Preston, Idaho.

Filed Mar 1 1922 Mrs Ida Lippets Dept Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY
FOR EACH CHILD AND

The name of your baby was not filled in on the birth certificate sent to . ...ice. ...is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston Idaho

Street: .....

County: Franklin

File Number: 99324

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: February 16 1922

Father: Leo J. Peterson (Full Name)

Mother: Lillian Chloe Clayton (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Beth Peterson

Child's Name in Full

L. Chloe Peterson

Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

389-119-021-553

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 99325

County of Franklin

City of Preston, Ida.

No. ..... St. ..... Registration District No. 27 File No. .....

Hospital ..... Primary Registration District No. 2119 Registered No. 42

FULL NAME OF CHILD Lyle Aaron Christensen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes.	Feb. 19 1922

What bacteriacidal solution was used in eyes? Silver nitrate 1% sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME James Conrad Christensen	FULL MAIDEN NAME Minnie Mae Nelson
RESIDENCE Preston	RESIDENCE Preston
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Mt. Pleasant, San. Pete Co. Utah	BIRTHPLACE Preston, Idaho
OCCUPATION Farmer.	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 3:36 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. E. Peterson
Physician
(Physician or midwife)

Address Preston Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Mar 1 1922 Mrs. Ida Tippets
Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 16 1941

SEVERAL REASONS WHY [illegible] OF BIRTH SHOULD [illegible]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston

Street: R.M. #8

County: Franklin

File Number: 99325

Registration Dist. No.: 39

Sex of Child: Male

Date of Birth: Feb. 19th 192[illegible]

Father: James Chirail Christensen (Full Name)

Mother: Naomi Mae Nelson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lyle Aaron Christensen (Child's Name in Full)

Mrs. J. Chirail Christensen (Signature of Father or Mother)

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

386-118-021-438

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99326

County of Franklin RECEIVED 1922

City of Preston

No. ..... St. Registration District No. 27 File No. .....

Hospital ..... Primary Registration District No. 2119 Registered No. 49

FULL NAME OF CHILD ~~[illegible]~~ MELVIN PAUL THOMAS
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male.		yes	2 - 18 1922

What bactericidal solution was used in eyes? 20% Arygrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Paul Daniel Thomas	FULL MAIDEN NAME	Fannie McQueen
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Preston
OCCUPATION	Merchant.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

[illegible] child, who was born alive, at 3 15 A. M.
(Born alive or stillborn)

(Signature) A. R. Cutler Jr.

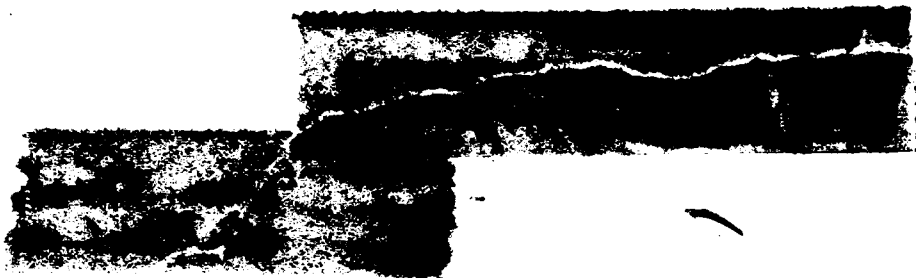
Physician
(Physician or midwife)

Give names added from a supplem[illegible]

[illegible]on Idaho

[illegible] 2 A. R. Cutler Jr.
Registrar.

N. [illegible]LY WITH UNFADING INK—THIS IS A PERMANENT RECORD
[illegible]re than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 2[illegible]
County of Franklin

Certificate No. 99326
Date Filed Jan 26 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Maddison Thomas (NAME OF ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Feb. 18 1922 (DATE OF EVENT)
in Preston, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Ward record of L. D. S. Church (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on May 7 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Maddison	Melvin Paul Thomas
father's name	Paul Danial Thomas	Paul Daniel Thomas

Subscribed and sworn to before me this 26th
day of January, 19 42.
P. M. Condie
Notary Public, residing at Preston, Idaho
My commission expires Oct. 29, 1942.
(SEAL)

Signed Paul D. Thomas = Ward Clerk
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin

[illegible] AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER [illegible] GRAND SESSION LAWS.)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th
day of January, 19 42.
P. M. Condie
Notary Public, residing at Preston, Idaho
My commission expires October 29, 1942.
(SEAL)

Signed Lila M. James
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

182 E 1 N. Preston Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 27 1942 By
(REGISTRAR'S SIGNATURE)

FEB 1 7 1942

NOV 2 7 1973

867-210-021-695

PLACE OF BIRTH

RECEIVED MAR 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 99327

Primary Registration District No. 2119 Registered No. 50

FULL NAME OF CHILD Marcel Hoggan
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	2-10-1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	James Hoggan	FULL MAIDEN NAME	Vernitia Winward
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Scotland	BIRTHPLACE	Utah
OCCUPATION	Electrician	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 15 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler Jr.
Physician
(Physician or midwife)

Address Preston Idaho

Filed 3-4 1922 A. R. Cutler Jr.
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ASONS WHY A CERTIFICATE OF BIRTH SHOU
AND THE SAME COMPLETED WITH T

STATISTICS

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston Ida

Street: 3rd North & the East

County: Franklin

File Number: 99327

Registration Dist. No.: 2

Date of Birth: Feb 10 192 2

Sex of Child: Female

Father: James Hoggan (Full Name)

Mother: Vernitia Hoggan (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Marcel Hoggan (Child's Name in Full)

James Hoggan Vernitia Hoggan (Signature of Father or Mother)

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

235-216-021-695

PLACE OF BIRTH

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99328

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 51

FULL NAME OF CHILD ~~Gwen~~ KATHRYN Stevenson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	2 - 16 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Samuel Stevenson	FULL MAIDEN NAME	Irene Winward
RESIDENCE	Preston Ida.	RESIDENCE	Preston Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Preston Ida.	BIRTHPLACE	Preston
OCCUPATION	Electrician	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5-20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler Jr.

Physician
(Physician or midwife)

Address Preston Idaho

Filed 3-4 1922 A. R. Cutler Jr.
Registrar.

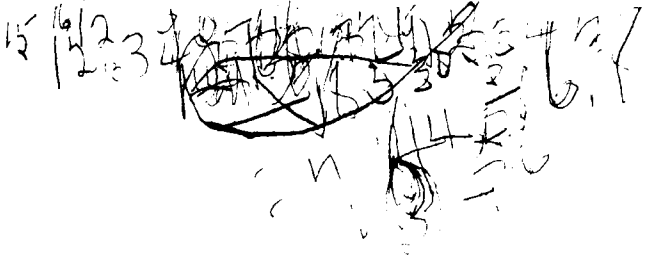
Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Cache } ss.

Certificate No. 99328

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who was born (Was Born or Died) on Feb. 16, 1922 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Feb. 16, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Gwen	Kathryn Stevenson

Subscribed and sworn to before me this 11th
day of June, 1942

Notary Public, residing at Logan, Utah
My commission expires Aug. 2, 1944
(Seal)

Signed Drew W. Stevenson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

28 West 5th No. St. Logan, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Cache } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th
day of June, 1942

Notary Public, residing at Logan, Utah
My commission expires Aug. 2, 1944
(Seal)

Signed W. E. McMurdie
(Signature of Any Credible Person Other Than Previous Year)

482 No. 5th East St. Logan, Utah
(Street Address, City, State)

JUN 12 1942

SEP 30 1960

714-22-021-236

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR [illegible]

CERTIFICATE OF BIRTH

99329

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 52

FULL NAME OF CHILD Vern Harry Gamble

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	2 - 22 - 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Harry L. Gamble	FULL MAIDEN NAME	Ida Leona Stokes
RESIDENCE	Preston	RESIDENCE	Preston Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Pocatello, Ida.	BIRTHPLACE	Preston Ida.
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4.57 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler M.D.

Physician

(Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 3-4 1922 A. R. Cutler

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

...T REASONS WHY A CERTIFICATE OF BIRTH SHO...
... THE SAME COMPLETED WITH THE ...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston

Street: Idaho

County: Franklin

File Number: 99329

Registration Dist. No.:

Date of Birth: February 22 1922.

Sex of Child: Male

Father: Harry L. Gamble (Full Name)

Mother: Ida Seana Stokes (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Vern Harry Gamble (Child's Name in Full)

Harry L. Gamble (Signature of Father or Mother)

Birth registration is part of every child's birth r...

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

365-215-021-168

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 1 1922

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 99330

Primary Registration District No. 2119 Registered No. 54

FULL NAME OF CHILD Elna Carol Condie
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Feb 15 1922

What bactericidal solution was used in eyes? 20% Arygrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	George M. Condie	FULL MAIDEN NAME	Caroline Johnson
RESIDENCE	Preston Ida.	RESIDENCE	Preston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	BIRTHPLACE	Preston Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler Jr.

Physician
(Physician or midwife)

Address Preston Idaho

Filed Mar 1 1922 A. R. Cutler Jr.
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston

Street:

County: Franklin

File Number: 99330

Registration Dist. No.:

Date of Birth: Feb 15 — 1923

Sex of Child: Female

Father: George Moroni Condie (Full Name)

Mother: Caroline Elsie Johnson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Elma Carol
Child's Name in Full

Mrs Geo. M Condie
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

915-109-021-613

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston Ida.

No. ..... St.

Hospital .....

Registration District No. 27 File No. 99331

Primary Registration District No. 2119 Registered No. 57

FULL NAME OF CHILD Milo

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes.	Feb. 9 1922

FATHER	MOTHER
FULL NAME: Milo Ransom.	FULL MAIDEN NAME: Mary Walton.
RESIDENCE: Preston Ida.	RESIDENCE: Preston Ida.
COLOR: White. AGE AT LAST BIRTHDAY: 25 (Years)	COLOR: White. AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Cleveland Ida.	BIRTHPLACE: Cleveland Ida.
OCCUPATION: Farmer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 10:45P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) G. W. Stokes

Physician (Physician or midwife)

Address Preston Ida.

Filed Feb 1922 Mrs. Ida Tippets Supt. Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-210-021-692

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Preston Ida.

Registration District No. 27 File No. 99332

No. ..... St.

Primary Registration District No. 2119 Registered No. 58

Hospital Shirley

FULL NAME OF CHILD Pauline. Canfield

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female.		Yes.	Feb. (Month) 10 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Charles I. Canfield.	FULL MAIDEN NAME	Pauline Fisher.
RESIDENCE	Idaho Falls Idaho.	RESIDENCE	Idaho Falls Ida.
COLOR	White. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Preston Ida.	BIRTHPLACE	Connecticutt.
OCCUPATION	Banker.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston, Idaho.

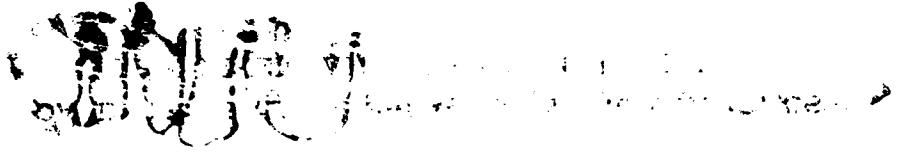
Filed Mar 4 1922 Mrs. Ida Tippets Dept. Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



FORM V. S. NO. 27B. 5M-12-1

STATE OF IDAHO

BOARD OF HEALTH—BUREAU OF VITAL STATISTICS

99

SUPPLEMENTAL REPORT OF BIRTH

RECEIVED SEP 1 1922 BUREAU OF VITAL STATISTICS

Place of Birth

City Preston

Street and House No.

County Franklin

Registered No. 5

Registration Dist. No.

Sex of Child Female

Date of Birth Feb. (MONTH) 10 (DAY) 1922 (YEAR)

Father Charles I. Canfield (FULL NAME)

Mother Pauline Fisher (FULL MAIDEN NAME)

I Hereby Certify that the child descril has been named: Kindly change na child to Shirley Pauline Canf (GIVEN NAME IN FULL) SUR

I one sent in at first

as reported by Mother (FATHER OR MOTHER)

Mrs Ida Tippets (LOCAL REGISTRAR)

MAY 22 [illegible]

MAR 13 1958

Amended 2/14/69

.816-208-022-791

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 99333
Local Reg. No. 6
Reg. Dist. No. 102

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Ashton

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Femont

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Drummond

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Alta b. (Middle): Marie c. (Last): Hawkes

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) March (Day) 8 (Year) 1922

FATHER OF CHILD

7. FULL NAME

a. (First): Hazen b. (Middle): A. c. (Last): Hawkes

8. AGE (At time of this birth): 28 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Helen b. (Middle): Gray c. (Last): Hawkes

13. AGE (At time of this birth): 26 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: C. C. Meocham

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Ashton, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 3/9/22

22. REGISTRAR'S SIGNATURE: C. C. Meocham

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a statement signed by physician that [illegible] was explained to parents? YES ____ NO ____

Copy of certificate MUST be filed with the local registrar of the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address

DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

Was a standard serological test for syphilis performed? YES _____ NO _____ APPROXIMATE DATE _____

LENGTH OF PREGNANCY _____ WEEKS	WEIGHT AT BIRTH _____ LBS. _____ OZS.	
RACE OR COLOR OF FATHER White	RACE OR COLOR OF MOTHER White	Was 1% Silver Nitrate Used to prevent blindness?

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JAN 13 1969
Bureau of Vital Statistics

State of Idaho } ss. Certificate No. 99333
County of Fremont } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Hazella Hawkes (Name on Original Certificate) who born (Was Born or Died) on 3-8-1922 (Date of Event)
in Ashton (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School Record, Marriage Affidavit (Bible Record, Insurance Policy, Etc.) prepared on Oct. 21, 1968 & Nove. 29, 1968 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Hazella Hawkes	Alta Marie Hawkes
Mother's Maiden Name	Helen Gray Hawkes	X

Subscribed and sworn to before me this 4th day of December, 1968
Marvine Bingham
Notary Public, residing at Idaho Falls, Ida.
My commission expires 6-15-70
(Seal)

Signed Helen Gray Hawkes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Ashton, Idaho 83420
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of December, 1968
Marvine Bingham
Notary Public, residing at Idaho Falls Ida
My commission expires 6-15-70
(Seal)

Signed Margaret Hawkes Lindsley
(Signature of Any Credible Person)
2200 N. Yellowstone
Idaho Falls, Idaho 83401
(Street Address, City, State)

FORM DPH 55.155

NNCL 3-7-58 1 copy paid

Marriage License & Certificate showing name of Alta Hawkes, dated June 13, 1938 as viewed by V.S.

Affidavit for Marriage License showing name of Alta Hawkes, dated June 13, 1938, viewed by V.S.

Census records on file in Fremont County for school year 1934-1935 show xx name of Alta Hawkes, dated Oct. 21, 1968, viewed by V.S.

Paternal Aunt certifying that female child born to Hazen Araha Hawkes and Helen Grey Emery Hawkes and named Alta Marie Hawkes dated Nov. 29, 1968 as viewed by V.S.

Uncle-by-marriage certifying that a female child was born to Hazen Araha Hawkes and Helen Grey Emery Hawkes and was named Alta Marie Hawkes, dated Nov. 29, 1968, viewed by V.S.

795-12-022-296

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
APR 3 1922
BUREAU OF VITAL STATISTICS

County of Fremont

City of Ashton

Registration District No. 102

File No. 99334

No. ..... St.

Primary Registration District No. 6

Registered No. 108

Hospital .....

FULL NAME OF CHILD Greene . Melvin Cleaon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes.	3-21-1922

FATHER		MOTHER	
FULL NAME	William B. Greene	FULL MAIDEN NAME	Elizabeth Brown Greene
RESIDENCE	Farnum, Ida.	RESIDENCE	Farnum Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:01 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Peterson. Physician.
(Physician or midwife)

Address Ashton, Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 3-22-1922. C. M. Peterson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

RECEIVED
JUL 5 192?
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Farnum

Street: .....

County: Fremont

File Number: 99334

Registration Dist. No.: 64

Sex of Child: Male

Date of Birth: March 21 1922

Father: William B. Green (Full Name)

Mother: Elizeabth Brown (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Melvin Cleon Green
Child's Name in Full

William B Green
Signature of Father or Mother

JUN 4 1959

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

745-210-022-266

PLACE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99335

Registration District No. 99 File No. .....

Primary Registration District No. 217 Registered No. .....

FULL NAME OF CHILD NOVETTA MARY Gunning
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	July 10 192

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Clarence Eyre Gunning	FULL MAIDEN NAME	Kate Cora Sowers
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	MO	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	Mother

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Blevins

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 3 16 192 W Blevins Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Fremont } ss.

Certificate No. 99335

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Novetta Mary Gunning

Subscribed and sworn to before me this 3rd
day of August, 1942

~~Notary Public, residing at~~ Probate Judge

~~My commission expires~~ .....
(Seal)

Signed L. E. Gunning.
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)

St. Anthony, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }
County of ..... } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

AUG 5

194-209-022-466

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99 File No. 99336

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Armstrong
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Feby 9th 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Melvin Jno Armstrong	FULL MAIDEN NAME	Clara Lavanyhue Moon
RESIDENCE	St Anthony Ida	RESIDENCE	St Anthony Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Ida
OCCUPATION	Laborer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 20 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address .....

Filed 3 10 1922 W B West Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1922-325975

10T

689-202-022-842

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony

No. ..... St. Registration District No. 99 File No. 99337

Hospital ..... Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Phyllis Maxine White
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Feby 2 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	John McArthur White	FULL MAIDEN NAME	Mary Ann Hubbard
RESIDENCE	St Anthony Ida	RESIDENCE	St Anthony Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Willard Utah	BIRTHPLACE	Willard Utah
OCCUPATION	Farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

Registrar.

Address .....

Filed 3 10 1922 W B West Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIF OF BIRTH SH
BE FILED FOR EACH CHILD AND THE SAME WITH TH

BUREAU OF VITAL STATISTICS.

Place of Birth — City: St. Anthony

Street:

County: Fremont

File Number: 99337

Registration Dist. No.:

Date of Birth: February 2 1922

Sex of Child: Female.

Father: John W. McArthur White (Full Name)

Mother: Mary A. Hubbard (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Phyllis Maxine White
Child's Name in Full

Mary A. White
Signature of Father or Mother

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

235-129-022-695

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 99338

Primary Registration District No. 217 Registered No. .....

FULL NAME OF CHILD Emmerson Stewart
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 29 1922

What bacteriocidal solution was used in eyes? .....

Number of child of this mother, including present birth 4th Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Hugh Stewart	FULL MAIDEN NAME	Adeline Lounsbury
RESIDENCE	St Anthony Ida	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:45 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Stewart
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Mar 10 1922 W Stewart
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

623-111-022-294

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of

No. St.

Hospital

RECEIVED APR 5 1922 BUREAU OF VITAL STATISTICS

Registration District No. 19 File No. 99339

Primary Registration District No. 2177 Registered No.

FULL NAME OF CHILD Roy Peter Ostermiller
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Feby 11 1922

What bactericidal solution was used in eyes? Nitrate Ag Sol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Jno P Ostermiller	FULL MAIDEN NAME	Mary Kruger
RESIDENCE	Teton Ida	RESIDENCE	Teton Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 25 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed Mar 10 1922 W B West
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 5 1971

433-112-024-396

PLACE OF BIRTH

RE[redacted]
MAR 2[redacted]
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99340

County of Gooding

City of "

No. ..... St.

Registration District No. 24 File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Wesley Eugene McCoy
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
boy		yes	Feb. 12 1922

What bactericidal solution was used in eyes? 10% Sol. Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Benton A. McCoy	FULL MAIDEN NAME	Millie Cronrath
RESIDENCE	Gooding Ida	RESIDENCE	Gooding
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Mo.	BIRTHPLACE	Wis.
OCCUPATION	Farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cronwell M.D.
(Physician or midwife)

Address Gooding, Ida.

Filed 3-10 1922 J T Cary M.D.
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

993.128.024-313

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 2[illegible] 1922 VITAL

CERTIFICATE OF BIRTH

County of Gooding Co

City of Wendell

No. ..... St. Registration District No. 24 File No. 99341

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Lyman Callings Richardson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
boy		yes.	Feb. 28 1922

What bactericidal solution was used in eyes? 10 % Sol Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Barney B. Richardson	FULL MAIDEN NAME	Lillie C. Callings
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Oaklahoma	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 A. M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Gooding, Ida.

Filed 3-10 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 24 1947

314-118-024-695

PLACE OF BIRTH

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Bliss

No. ..... St.

Registration District No. 24 File No. 99342

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Pearl Ida Campbell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		yes.	Feb. 18 1922

What bactericidal solution was used in eyes? 10 % Sol. Argyrol

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Eunice Campbell	FULL MAIDEN NAME	Myrtle Winters
RESIDENCE	Bliss, Ida.	RESIDENCE	Bliss, Ida.
COLOR	white. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	white AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ut.
OCCUPATION	Farming.	OCCUPATION	House wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Gromwell, M. D.
(Physician or midwife)

Address Gooding, Ida.

Filed 3/10 1922 F. Hampton
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ASONS WHY A CERTIFICATE
D AND THE SAME COMPLE

The name of your baby was not filled in on the birth certificate [illegible] office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Bliss

Street:

County: gooding

File Number: 99342

Registration Dist. No.: Bliss Ida.

Sex of Child: ~~Male~~ Female

Date of Birth: Feb 18 1922

Father: Eunice Robert Campbell
Full Name

Mother: myrtle agnes Campbell
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Pearl Ida Campbell
Child's Name in Full

myrtle Campbell
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

255-206-024-693

PLACE OF BIRTH

RECEIVED
JAN 30 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of

Registration District No. 24

File No. 99343

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Mary Ella Beeson

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes. | Date of Birth Feb. 6 (Month) (Day) 19 22 (Year)

FATHER		MOTHER	
FULL NAME	Roy Beeson	FULL MAIDEN NAME	Lois Wilson
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Kansas	BIRTHPLACE	Washington
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 A. M. on the date above stated.

(Signature) G. G. Verbryck
per A. Zingg
(Physician or midwife)

Address Gooding Idaho

Filed 3-10 19 22

F. Campbell
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, APR 7 - 1922 ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Gooding

~~Street~~ R 7 W # 3

County: Gooding

File Number: 99343

Registration Dist. No.:

Date of Birth: February 6 1922

Sex of Child: Female

Father: Roy Beeson (Full Name)

Mother: Edith Lois Wilson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mary Ella Beeson (Child's Name in Full)

Mrs. Roy Beeson (Signature of Father or Mother)

JAN 20 1967

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

599-21-024-231

PLACE OF BIRTH

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of King Hill

No. St.

Registration District No. 24

File No. 99344

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Erickson (Hazel Mernie)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Feb. 11 1922

FATHER		MOTHER	
FULL NAME	Herbert Erickson	FULL MAIDEN NAME	Duetta Slater
RESIDENCE	King Hill -	RESIDENCE	King Hill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) G. G. Verbryck per a. z.

(Physician or midwife)

Address Gooding Idaho

Filed 3-20 19 22

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Gooding

Street: .....

County: Gooding

File Number: 99344

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: 11 Feb 192.2

Father: Herbert Erickson (Full Name)

Mother: Dewetta Erickson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Hazel Marie Erickson

Child's Name in Full

Herbert Erickson

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

191-228-024-132

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 24 File No. 99345

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Mary Candida Arambarri

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Feb 28 1922

FATHER		MOTHER	
FULL NAME	J. Arambarri	FULL MAIDEN NAME	Leocadia Alberdi
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L W Cary M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Gooding Idaho

Filed 2-28 1922

F. F. Cary M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bannock } ss.

Certificate No. 99345
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnambe Arambarri (Name on Original Certificate) who born (Was Born or Died) on 2-28-22 (Date of Event) in Gooding (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Own child's birth cert. (Bible Record, Insurance Policy, Etc.) prepared on #418657 (Date of Event), are:

Nurses Record - Jan. 20, 1941
Viewed by v.s.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Mary Candida Arambarri

Subscribed and sworn to before me this 18th day of March, 1958

Notary Public, residing at Pocatello, Idaho
My commission expires Sept. 30, 1960
(Seal)

Signed Mary Candida Arambarri
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

724 N. 7th, Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of March, 1958

Notary Public, residing at Pocatello, Idaho
My commission expires Sept. 30, 1960
(Seal)

Signed Frances Burns
(Signature of Any Credible Person)

728 Cherry, Pocatello Idaho
(Street Address, City, State)

FORM DPH 55.155

NN 9-25-57 nm

APR 2 1958

613-224-024-213

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Gooding

City of Gooding

RECEIVED MAR 30 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 24

File No. 99346

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Mary Margaret Walker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Feb 24 1922

FATHER	MOTHER
FULL NAME W G Walker	FULL MAIDEN NAME Gertrude Salter
RESIDENCE Gooding	RESIDENCE Gooding
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Va	BIRTHPLACE Ill
OCCUPATION Grocerman	OCCUPATION Housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F F Cary MD

(Physician or midwife)

Address Gooding Idaho

Given names added from a supplemental report.

____ 19____

Registrar

Filed 4-24-1922

F F Cary MD
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED APR 1 1922 BUREAU OF VITAL STATISTICS

APR 7 - 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Gooding
- Street: Colorado
- County: Gooding

File Number: 99346

Registration Dist. No. .....

Date of Birth: Feb. 24 1922

Sex of Child: Female

Father: W. G. Walker
Full Name

Mother: Gertrude Salter
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Mary Marjorie Walker
Child's Name in Full

W. G. Walker
Signature of Father or Mother

FEB 28 1961

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

OCT 19 1951

168-213-024-389

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

Registration District No. 24

File No. 99347

No. R F D St.

Hospital 0

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Bertha Louise Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes	Feb	13	1922

FATHER

FULL NAME Hyrum Johnson

RESIDENCE Gooding

COLOR White AGE AT LAST BIRTHDAY 48 (Years)

BIRTHPLACE Utah

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Mary Lorena Christiansen

RESIDENCE Gooding

COLOR White AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 50 A M. on the date above stated.

(Signature) F W Campbell

(Physician or midwife)

Address Gooding Idaho

Filed 2-24- 1922

F. W. Campbell M.D. Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

855-207-024-215

PLACE OF BIRTH

RECEIVED MAR 20 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of "

No. ..... St.

Registration District No. 24 File No. 99348

Hospital ~~Gooding~~ Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Lila Irena Henderson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
girl.		yes.	Feb. 7 1922

What bactericidal solution was used in eyes? Argyrol 10 o/o.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	~~Otto~~ Archie Henderson.	FULL MAIDEN NAME	Cora Sanders.
RESIDENCE	Bliss, Ida.	RESIDENCE	Bliss, Ida.
COLOR	white AGE AT LAST BIRTHDAY 45. (Years)	COLOR	white AGE AT LAST BIRTHDAY 28. (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Ida.
OCCUPATION	Farming.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12-20 A.M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M.D.
(Physician or midwife)

Address Gooding, Ida.

Filed 3 3 1922 F. F. Cary M.D.
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

391-202-025-547

PLACE OF BIRTH

RECEIVED MAR 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99349

County of Idaho

City of Cottonwood, Ida

Registration District No. 105 File No. 8

No. ____ St.

Primary Registration District No. 2183 Registered No. ____

Hospital ____

FULL NAME OF CHILD Bernice Agnes ~~Massey~~ Trautman

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	~~Jan. 21~~ Jan. 21 1922

FATHER		MOTHER	
FULL NAME	Steve Trautman	FULL MAIDEN NAME	Ida Nuxoll
RESIDENCE	Cottonwood, Ida.	RESIDENCE	Cottonwood, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:00 A.M. on the date above stated.

(Signature) Dr Wesley F. Orr

(Physician or midwife)

Address Cottonwood, Ida.

Filed March 7 1922 W.F. Orr Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO NOV 29 1943

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Idaho,

Certificate No. 99349

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Bernice A. Trautman (Name on Original Certificate) who was born (Was Born or Died) on Feb. 2nd. 1922 (Date of Event)
in Cottonwood, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by my memory (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name		Bernice Agnes Trautman
Date	Jan. 21st	Feb. 2, 1922

Subscribed and sworn to before me this 26th. day of November, 1943

Frank M. Parker
Notary Public, residing at Ferdinand, Idaho,
My commission expires Oct. 25th. 1947.
(Seal)

Signed Ida C. Trautman Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Ferdinand Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Idaho

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th. day of November, 1943

Frank M. Parker
Notary Public, residing at Ferdinand, Idaho,
My commission expires Notober 25th. 1947.
(Seal)

Signed Stephen Trautman
(Signature of Any Credible Person Other Than Previous Year)
Father
Ferdinand Ida
(Street Address, City, State)

DEC 3 1943

4Y3-28-025-155

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99350

RECEIVED MAR 20 1922

County of Idaho

City of Cottonwood, Ida. Registration District No. 105 File No. 7

No. ____ St. ____

Primary Registration District No. 2183 Registered No. ____

Hospital ____

FULL NAME OF CHILD Genevieve Josephine Duclos

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Feb. 18 1922

FATHER		MOTHER	
FULL NAME	John Duclos	FULL MAIDEN NAME	Mary Jentges
RESIDENCE	Cottonwood, Ida.	RESIDENCE	Cottonwood, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	So. Dakota	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9:30 P M. on the date above stated.

(Signature) Dr Wesley F. Orrl

(Physician or midwife)

Address Cottonwood, Idaho.

Filed Mar. 7 1922 W. F. Orrl Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

652-1171-025-995

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99351

County of Idaho

City of Green Creek

No. ..... St.

Hospital .....

Registration District No. 105 File No. 6

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Richard Albert Wessels

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Feb. 17 1922

FATHER	MOTHER
FULL NAME: Anthony Wessels	FULL MAIDEN NAME: Elizabeth Riener
RESIDENCE: Green Creek, Ida.	RESIDENCE: Green Creek, Ida.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Kansas
OCCUPATION: farmer	OCCUPATION: housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

(Signature) Dr Wesley F. Orr

(Physician or midwife)

Address Cottonwood, Idaho

Filed March 7 1922

W. F. Orr
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

912-205-025-759

PLACE OF BIRTH.

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99352

County of Idaho

City of Ferdinand

Registration District No. 105 File No. 9

No. ..... St. BUREAU OF VITAL STATISTICS

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Annette Bernice Rasmussen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				Yes	1st 5th 1922

FATHER	MOTHER
FULL NAME Gordon Sorbye Rasmussen	FULL MAIDEN NAME Bernice Clement Christensen
RESIDENCE Ferdinand, Idaho	RESIDENCE Ferdinand, Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE North Cape, Wisconsin	BIRTHPLACE North Cape, Wisconsin
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Dorothy Christensen
Trained nurse.
(Physician or midwife)

Address Ferdinand Idaho

Filed March 7 1922 W. F. Oud
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 30 1913

313-124-025-813

Form V. S. No. 11-C—20m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

99353

County of Idaho

City of Kooskia

Registration District No. 106

File No.

No. ..... St.

Primary Registration District No. 2184

Registered No. 8

Hospital

FULL NAME OF CHILD Ivan Earl Catherman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Feb (Month) 24 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Charles Catherman	FULL MAIDEN NAME	Mabel Hall
RESIDENCE	States Idaho	RESIDENCE	States Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Verberkmoes

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kooskia Idaho

Filed March 1 1922 J M Verberkmoes Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 10 1942

JUN 22 1944

JAN 26 1949

259-220-025-215

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 6

File No. 99354

Primary Registration District No. 2184

Registered No. 7

FULL NAME OF CHILD Mary Anna Keith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Feb 20 1922

FATHER		MOTHER	
FULL NAME	Laurence Keith	FULL MAIDEN NAME	Sarah Savoine
RESIDENCE	Kooskia Idaho	RESIDENCE	Kooskia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Illinois	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Verbeekmore

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kooskia - Idaho

Filed Mch 1 1922 J M Verbeekmore

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 7 1976

JUN 26 1942

144-213-025-819

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

99355

County of Idaho

City of Kooskia

Registration District No. 10 6

File No.

No. St.

Primary Registration District No. 2184

Registered No. 6

Hospital

FULL NAME OF CHILD Elva Louise Judd

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Feb 13 1922

FATHER		MOTHER	
FULL NAME	Nelson Judd	FULL MAIDEN NAME	Martha Harrington
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Verbeekmoes

Physician (Physician or midwife)

Address Kooskia - Idaho

Given names added from a supplemental report.

19

Registrar

Filed Mch. 1 1922 J M Verbeekmoes Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 0 1943

DEC 2 2 1972

319-211-025-719

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

99356

County of Idaho

City of Kooskia

Registration District No. 106 File No.

No. St.

Primary Registration District No. 2184 Registered No. 5

Hospital

FULL NAME OF CHILD Viola Ecla Laine

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb 11 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oscar Laine	FULL MAIDEN NAME	Susana Parienthal
RESIDENCE	Kooskia	RESIDENCE	Kooskia – Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Oscar Laine

Father (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Mch 1 1922 J M Verbeke Kuns Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 12 1947

165·112·027-993

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99359

County of Jerome

City of Jerome

Registration District No. 23

File No.

No. St.

Primary Registration District No. 1017 2017

Registered No.

Hospital

FULL NAME OF CHILD Jack Edward Jones

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	Feb 12 22

FATHER		MOTHER	
FULL NAME	Chauncy Edward Jones	FULL MAIDEN NAME	Maud Richards
RESIDENCE	Jerome Ida	RESIDENCE	Jerome Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Waiter in Restaurant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:15 a M.
(Born alive or stillborn)
on the date above stated.

(Signature) E. D. Pifer M.D.

(Physician or midwife)

Address Jerome Idaho

Filed Feb 13 19 22 E. D. Pifer M.D.
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1922 - 10.7888

349.112.027-413

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

No. ____ St. ____

Registration District No. 23

Primary Registration District No. 2017 1017

File No. 99360

Registered No. ____

Hospital ____

FULL NAME OF CHILD Wayne Lincoln Turpin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	Feb 12 1922

FATHER		MOTHER	
FULL NAME	Charles Turpin	FULL MAIDEN NAME	Minnie Matsen
RESIDENCE	Jerome Idaho	RESIDENCE	Jerome Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 P. M.
(Born alive or stillborn)
on the date above stated.

(Signature) E. D. Piper M.D.

Jerome Idaho
(Physician or midwife)

Address ____

Filed Feb 20 1922 E. D. Piper M.D.
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

cc 11-14-40 mp

Amended Dec. 10, 1951

PLACE OF BIRTH

249-22-027-293

County of Jerome

City of Jerome

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 99361

Primary Registration District No. 1017 Registered No. ____

FULL NAME OF CHILD ESTHER MAY SMITH
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f.			yes	Feb. 22 1922

What bacteriolidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Charles L. Smith	FULL MAIDEN NAME: Reta Killian
RESIDENCE: Jerome, Idaho	RESIDENCE: Jerome, Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: electrician	OCCUPATION: housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper, M.D.

(Physician or midwife)

Address Jerome, Idaho

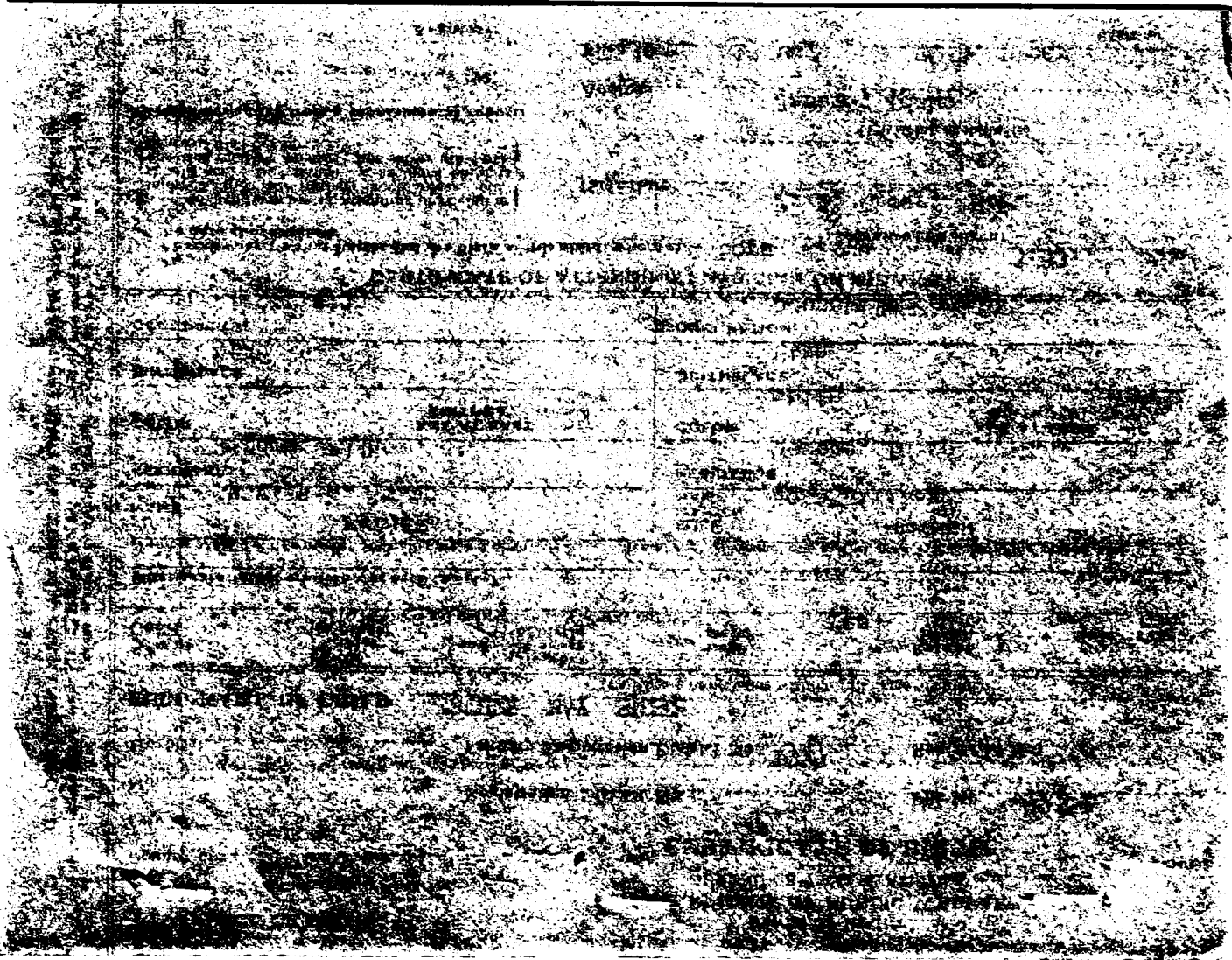
Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Mar. 13 1922 E. D. Piper Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 99361

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	(missing)	Esther May Smith
Date of birth	Feb. 26, 1922	Feb. 22, 1922

Subscribed and sworn to before me this 6th day of December, 1951

Rae M. Ogden
Notary Public, residing at Twin Falls Idaho
My commission expires July 31-1954
(Seal)

Signed Gladys L. Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
867 Walnut Twin Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of December, 1951

Rae M. Ogden
Notary Public, residing at Twin Falls Ida
My commission expires July 31-1954
(Seal)

Signed Reta Smith
(Signature of Any Credible Person)
867 Walnut Twin Falls Idaho
(Street Address, City, State)

FORM DPH - 51:17

6 207-027-315

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome Registration District No. 23 File No. 99362

No. ____ St. Primary Registration District No. 1017 2017 Registered No. ____

Hospital ____

FULL NAME OF CHILD Alice Field

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	Twin	1	Yes	Mar 7 22

FATHER		MOTHER	
FULL NAME	George L. Field	FULL MAIDEN NAME	Loya Land
RESIDENCE	Jerome Idaho	RESIDENCE	Jerome Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 a. M. on the date above stated.
(Born alive or stillborn)

(Signature) E. D. Pifer M. D.
(Physician or midwife)

Address Jerome Idaho

Filed Mch 18 19 22 E. D. Pifer M. D.
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 19 1970

695 207 027-315

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Jerome

Registration District No. 23 (1917)

File No. 99363

No. ..... St.

Primary Registration District No. 2017

Registered No. .....

Hospital .....

FULL NAME OF CHILD Lois Field

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	7	2	yes	Mar 7 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George B. Field	Cora Land
RESIDENCE	Jerome Iowa	Jerome Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	22
BIRTHPLACE	Iowa	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 9. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E D Pfau M.D.

(Physician or midwife)

Address Jerome Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed March 13 1922 E. D. Pfau M.D.

Registrar

669-109-022-462

Form V. S. No. 11-B—35m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99364

County of Jerome

City of Jerome — Registration District No. 23 — File No.

No. ____ St. — Primary Registration District No. 1017 2017 — Registered No.

Hospital

FULL NAME OF CHILD Herbert Walton Forbes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Feb 9 1922

	FATHER	MOTHER
FULL NAME	Harry Herbert Forbes	Hattie Foy Dobkins
RESIDENCE	Jerome Idaho	Jerome Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	19
BIRTHPLACE	Illinois	Missouri
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 P. M. on the date above stated.

(Signature) E. D. Piper M. D.

Jerome Idaho
(Physician or midwife)

Address

Filed Feb 10 1922 E. D. Piper M. D.
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 7-15-58

PLACE OF BIRTH

554-10-028-859

County of Kootenai

City of Gibbs

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 99365

Primary Registration District No. 1051 Registered No. 1225

FULL NAME OF CHILD Lawrence Russell Vedder
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Feb. 1st. 1922.

What bacteriecidal solution was used in eyes? .....

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

FATHER	MOTHER
FULL NAME: Edgar Vedder	FULL MAIDEN NAME: Ella Herbst
RESIDENCE: Gibbs, Idaho	RESIDENCE: Gibbs, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 49 (Years)	AGE AT LAST BIRTHDAY: 44 (Years)
BIRTHPLACE: Wisconsin	BIRTHPLACE: Wisconsin
OCCUPATION: Fireman Stationery Boiler	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:35 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) Louis H. Mast

Physician
(Physician or midwife)

Address Coeur d'Alene, Idaho

Filed 3-6 1922 D. D. Drenna
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Social Security Card #518-03-3613; and Honorable Discharge Papers from U.S. Naval Service gives correct information - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 99365

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Laurence Russell Vedder (Name on Original Certificate) who born (Was Born or Died) on February 1, 1922 (Date of Event) in Gibbs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Laurence Russell Vedder	Lawrence Russell Vedder

Subscribed and sworn to before me this 28th day of June, 1958

Notary Public, residing at SEATTLE, WASHINGTON

My commission expires JUNE 17, 1961

(Seal)

Signed Lawrence Russell Vedder
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON } ss.
County of KING }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of June, 1958

Notary Public, residing at SEATTLE, WASHINGTON

My commission expires JUNE 17, 1961

(Seal)

Signed Donald Henry Vedder
(Signature of Any Credible Person)

6011 31st S.W. - SEATTLE, WASH
(Street Address, City, State)

FORM DPH 55.155 CL 6-24-58. nm

MAR

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai }

Certificate No. 99365

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Lawerence Russell Vedder (Name on Original Certificate) who was born (Was Born or Died) on Feb. 1, 1922 (Date of Event),

in Gibbs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by true knowledge (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Russell Vedder	Laurence Russell Vedder

Subscribed and sworn to before me this 28th day of Feb., 1942

M. E. Frandsen

Notary Public, residing at Coeur d'Alene

My commission expires 12/1/45
(Seal)

Signed M. A. Vedder
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route # 1, Coeur d'Alene, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

MAR 7 1956

JUL 15 1958

395-124-028-951

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Kootenai

RECEIVED
AUG 20 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Plummer, Ida.

Registration District No. 30 File No. 99366

No. ..... St.

Primary Registration District No. 1050 Registered No. 1226

Hospital

FULL NAME OF CHILD Allen Le Roy Finney.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male. ~~Female~~		Yes	Feby (Month) 24th (Day) 1922. (Year)

FATHER		MOTHER	
FULL NAME	Ellsworth L Finney	FULL MAIDEN NAME	Sylvia H. Read
RESIDENCE	Plummer. Idaho.	RESIDENCE	Plummer. Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Washington
OCCUPATION	Soldier.	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Herrington M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Hooley. Idaho.

Filed 3/6. 1922 D D Drenna
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 23 1957

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Kootenai
City of Wooley Ida

Registration District No. 30 State File No. [illegible]

(If born in hospital or institution give name.)

Prim. Registration District No. 1030 Local Registrar's No. 1228

2. FULL NAME OF CHILD CLEMENS FLOYD MILLER

3. Sex M. | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term ____ | 7. Legitimate? Yes | 8. Date of birth Feb. 24, 1922 (Month, Day, Year)

FATHER

9. Full name Lawrence J. Miller
10. Residence (usual place of abode) (If non-resident, give place and State) Wooley, Ida.
11. Color or race Wht. | 12. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Iowa

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Anna Fawcett
19. Residence (usual place of abode) (If non-resident, give place and State) Wooley, Ida.
20. Color or race Wht. | 21. Age at last birthday 24 (years)
22. Birthplace (city or place) (State or Country) Wisconsin

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks | 30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ~~born alive~~ (Born Alive or Stillborn) at 4:30pm. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J.J. Herrington, M.D., M. D.

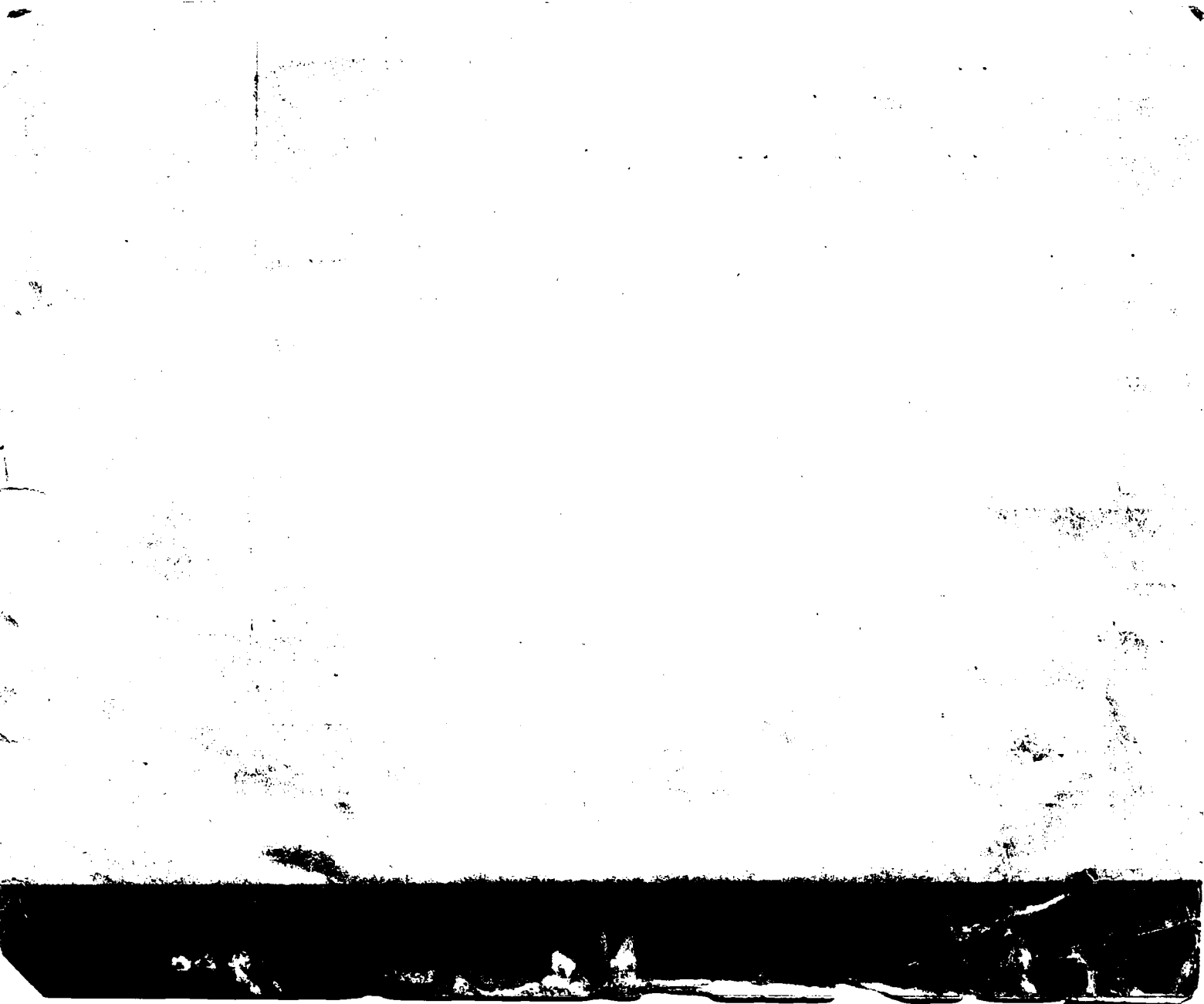
or ____, Midwife

Address Wooley, Ida.

Give name added from a supplemental report ____ (Date of)

Filed 3/6, 1922 D.D. Drenna

Registrar. Registrar.



A F F I D A V I T

for correction of birth record.

STATE OF WASHINGTON)
) ss.
County of Pierce)

Lawrence J. Miller (name of affiant) of 1815 No. Adams-St. (Address) Spokane Wash.

Washington, being first duly sworn, deposes and says: that he is

Father (relation) of Clemens Floyd Miller

who was born in the city of Worley County of Kootnai, State of Idaho, on the 24 day of February, year of 1922, as stated in a certificate of birth filed by J.J. Herpidgton with the Recorder of Pierce County, Washington, on the 6 day of March, year of 1922, under filing No. 99367.

That the following facts set forth in said certificate are not correctly stated therein, to-wit: The Given Name, Should be Clemens Floyd And Not Floyd Clemends As Given on the birth Record.

Lawrence J. Miller,

Affiant Lawrence J. Miller.

Address 1915 N Adams Spokane Wash.

Subscribed and sworn to before me this 23 day of Apr, 194 9

(Notary Public, Deputy Auditor)

MAY 5 1948

PLACE OF BIRTH 108-028-144

RECEIVED MAR 1922 ... VITAL ... STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99369

County of Kootenai

City of Harrison

No. ..... St.

Registration District No. 126 File No. 6

Hospital Lakeview

Primary Registration District No. 2204 Registered No. 30

FULL NAME OF CHILD Roy Samuel Tillman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Feb 8 1922

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Henry N Tillman	FULL MAIDEN NAME	Bertha Addington
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Mont	BIRTHPLACE	Ky
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney
M D
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Harrison Ida

Filed 3-1 1922 J M Finney
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 31, 1940. E.W.

JAN 4 1961

445-117-028-469

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99370

County of Kootenai

City of Rose Lake, Ida.

Registration District No. 126 File No. 6

No. ____ St.

Primary Registration District No. 2204 Registered No. 29

Hospital ____

FULL NAME OF CHILD Frederick Dunning.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Feb. 17 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	June Milo Dunning.	Helen Irma dell Morse
RESIDENCE	Rose Lake Ida.	Rose Lake, Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	38	30
BIRTHPLACE	Turner County. South Dakota	Winona County, Minn.
OCCUPATION	Laborer.	Housewife.

Number of child of this mother, including present birth, four. Number of children of this mother now living, including present birth, four.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer

Physician.
(Physician or midwife)

Address Rose Lake, Ida.

Given names added from a supplemental report.

____ 19____

Registrar

Filed Mar 9 1922

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-121-028-693

RECEIVED
MAR 2 1922
U.S. BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99371

PLACE OF BIRTH

County of Kootenai

City of Rose Lake

No. ____ St.

Hospital ____

Registration District No. 126 File No. 6

Primary Registration District No. 2204 Registered No. 28

FULL NAME OF CHILD Sidney Alexander Marlette

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 21 1922

FATHER		MOTHER	
FULL NAME	John A. Marlette	FULL MAIDEN NAME	Nettie Eva Williamson
RESIDENCE	Rose Lake, Ida.	RESIDENCE	Rose Lake, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Harrison, Idaho	BIRTHPLACE	Shoshone County, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:30 P.M. on the date above stated.

(Signature) L. J. Stauffer

Physician (Physician or midwife)

Address Rose Lake, Ida.

Filed Mar 1 1922 J. B. Kenney Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

843-102-02943

PLACE OF BIRTH

MAR [illegible] 1922

BUREAU OF STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Kendrick

No. ____ St.

Registration District No. 62 File No. 99372

Hospital Home

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Roy Donald Hill
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 2 1922

What bactericidal solution was used in eyes? Argyrol, 25% sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Andrew Jackson Hill	FULL MAIDEN NAME	Anna Agnes McAllister
RESIDENCE	Kendrick	RESIDENCE	Kendrick
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Eureka Springs, Arkansas	BIRTHPLACE	Palouse, Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Andrew Otteraaen

Physician
(Physician or midwife)

Address Kendrick, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Feb 15 1922 R. F. Pepper
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

519-204-029-236

PLACE OF BIRTH

RECEIVED MAR 2 1922 BUREAU

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Juliaetta

No. ..... St.

Registration District No. 68 File No. 99373

Hospital Home Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Meta Delphine Earl
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Feb. (Day) 4 (Year) 1922
Female			

What bactericidal solution was used in eyes? Argyrol 25% sol.

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Perry Green Earl	FULL MAIDEN NAME	Birdie Scofield
RESIDENCE	Juliaetta	RESIDENCE	Juliaetta
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Colfax, Wash.	BIRTHPLACE	Caulterville, Calif.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Andrew Otteraaen
Physician
(Physician or midwife)

Address Kendrick, Idaho

Filed 2-15 1922 R. F. Pippe
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-108-029-994

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

County of Latah

City of Kendrick

No. ..... Registration District No. 68 File No. 99374

Hospital Home Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Clarence Stewart Wilson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 8 1922

What bactericidal solution was used in eyes? Argyrol 25% sol.

Number of child of this mother, including present birth: One. Number of child of this mother now living, including present birth: One.

FATHER		MOTHER	
FULL NAME	Stewart Alvin Wilson	FULL MAIDEN NAME	Lillian May Zimmerman
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kendrick, Idaho	BIRTHPLACE	Crescent, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6.30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Andrew Otteraaen

Physician

(Physician or midwife)

Address Kendrick, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 2-15-1922 R. F. Pepper
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 1943

619-116-029-255

PLACE OF BIRTH

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Linden

No. ..... St.

Registration District No. 68 File No. 99375

Hospital Home Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Loyd Richard Farrington
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 16 1922

What bactericidal solution was used in eyes? Argyrol 25% sol. 36 hours after birth.

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	William Augustus Farrington	FULL MAIDEN NAME	Rose Violet Keeler
RESIDENCE	Linden, Idaho.	RESIDENCE	Linden, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Linden, Idaho.	BIRTHPLACE	Alliance, Nebraska.
OCCUPATION	Lumber man	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11.55 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ellen Starr
(Physician or midwife)

Address Linden Idaho

Filed Mar 10 1922 R. F. Peppler
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1922-. . 321479

433-20-029-152

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

County of Latah

City of Kendrick No. St.

Registration District No. 68 File No. 99376

Hospital Primary Registration District No. Registered No.

FULL NAME OF CHILD Max Laverne McCleery
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Feb 20 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% sol.

Number of child of this mother, including present birth Three Number of child of this mother now living, including present birth Three

FATHER		MOTHER	
FULL NAME	Aaron Robert McCleery	FULL MAIDEN NAME	Maybell Askrey
RESIDENCE	Kendrick, Idaho	RESIDENCE	Kendrick, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Dayton, Wash.	BIRTHPLACE	Lewiston Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Andrew Ottaaen
Physician
(Physician or midwife)

Address Kendrick

Filed Mar 10 1922 R E Pepper
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-130-029-386

PLACE OF BIRTH

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61 File No. 99377

Primary Registration District No. 2141 Registered No. 25

FULL NAME OF CHILD Charles Harry Morgan
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Jan. 30 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth Third Number of child of this mother now living, including present birth Three

FATHER		MOTHER	
FULL NAME	Harry S. Morgan	FULL MAIDEN NAME	Daisy Lyons
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Hepner, Oregon	BIRTHPLACE	Cornwall, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Garfield V. O.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address .....

Filed Feb 28 1922 W H Carothers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Rec'd March 20, 1922

645-218-029-243

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 99379
Local Reg. No. 24
Reg. Dist. No. 61

1. PLACE OF BIRTH

a. COUNTY: Latah

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN:

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Washington b. COUNTY: Whitman - rural

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Amber

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Norma b. (Middle): c. (Last): Funston

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	January 18, 1922

FOSTER FATHER OF CHILD

7. FULL NAME

a. (First): Coy b. (Middle): Bertel c. (Last): Fish

8. AGE (At time of this birth)	9. BIRTHPLACE (State of foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
22 YEARS	Amber, Washington	Farmer	(Farming) Agriculture

FOSTER MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Dollie b. (Middle): Ellen c. (Last): Butts

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
25 YEARS	Amber, Washington	0	0	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship): Mrs. Dollie Fish Mother

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: W. A. Adair

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Moscow, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Feb. 28, 1922

22. REGISTRAR'S SIGNATURE: W. H. Carithers

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

K

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphillis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY:

Argyrol
Was 1% Silver Nitrate Used to prevent blindness?
YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

JAN 18 1966

268-131-829-816

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 99380

Primary Registration District No. 1011 Registered No. 26

FULL NAME OF CHILD Donald R. Boyd
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	Jan 31 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

	FATHER	MOTHER
FULL NAME	Russell Boyd	Etta Hawks
RESIDENCE	Moscow Idaho	Moscow Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	26
BIRTHPLACE	S. Dakota	Ind.
OCCUPATION	Laborer	House Keeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair
Moscow
(Physician or midwife)
Address Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Mar 23 1922 [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 4 19

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Latah } ss.

Certificate No. 99380
Date Filed APR 14 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Donald Richard Boyd (Name on Original Certificate) who was born (Was Born or Died) on January 31—1922 (Date of Event)
in Moscow (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex	Female	Male

Subscribed and sworn to before me this 9
day of April, 1942
R. E. Theriault
Notary Public, residing at Moscow
My commission expires Sept. 23, 1944
(Seal)

Signed Russel Boyd
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Moscow Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed ~~and~~ sworn to before me this 9
day of April, 1942
R. E. Theriault
Notary Public, residing at Moscow
My commission expires Sept. 23, 1944
(Seal)

Signed A E Jahn
(Signature of Any Credible Person Other Than Previous Year)
Moscow Idaho
(Street Address, City, State)

APR 21

551-203-029-551

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St. .....

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
FEB 24 1922
BUREAU OF VITAL STATISTICS

Registration District No. 61 File No. 99381

Primary Registration District No. 1011 Registered No. 217

FULL NAME OF CHILD Belva Bennie Neal
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem			Yes	Feb 8 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Leslie Neal	FULL MAIDEN NAME	Edna Evans
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ky	BIRTHPLACE	Arkansas
OCCUPATION	Mail carrier	OCCUPATION	House Keeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) W. A. Adair

Moscow
(Physician or midwife)

Address Idaho

Filed Feb 24 1922 M. H. Carruthers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 24 1944

219-207-029-219

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99382

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61 File No. .....

Primary Registration District No. 1011 Registered No. 28

FULL NAME OF CHILD Mary Jane Sargent
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		No	Feb 7 1922

What bactericidal solution was used in eyes? Yes, ($AgNO_3$ 1%)

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Unknown	FULL MAIDEN NAME	Ethel Margaret Sargent
RESIDENCE	Unknown	RESIDENCE	Moscow, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	Unknown	AGE AT LAST BIRTHDAY (Years)	15
BIRTHPLACE	Unknown	BIRTHPLACE	Washington
OCCUPATION	Unknown.	OCCUPATION	Schoolgirl

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:35 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Armstrong M.D.

Physician
(Physician or midwife)

Address Moscow Idaho.

Filed Feb 28 1922 W. H. Carothers
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 23 1963

689-208-089-319

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

File No. 99383

County of Latah
City of Moscow
No. 720 So. Main St.
Hospital The Gritman
Registration District No. 61
Primary Registration District No. 1911 p
Registered No. 29

FULL NAME OF CHILD Esther Bernice White
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Feb. 8 1922

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Leo White	FULL MAIDEN NAME	Esther Mayella Larson
RESIDENCE	Moscow, Idaho.	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Iowa	BIRTHPLACE	Minneapolis Minn
OCCUPATION	Vocational Student	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:35 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles L. Gritman MD
Physician
(Physician or midwife)
Address Moscow Idaho.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Feb 28 1922 W. H. Carothers Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 13 1993

Dup of 1922-102946

555-209-22 9-259

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 20 [illegible]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah
City of Moscow
No. 511 N. Maine St.
Hospital
Registration District No. 61
File No. 99384
Primary Registration District No. 1011
Registered No. 30

FULL NAME OF CHILD Mary ~~[illegible]~~ Everhart
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.			Yes	Feb 9 1922

What bactericidal solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Wm. Ray Everhart	FULL MAIDEN NAME	Ethel May Snider
RESIDENCE	Moscow, Ida.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Illinois	BIRTHPLACE	Minnesota
OCCUPATION	Cook R.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Galbreath
Physician
(Physician or midwife)
Address Moscow Ida.

Give names added from a supplemental report.

....., 19.....
.....
Registrar.

Filed Feb 28 1922 W. H. Carruthers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 99384
Date Filed APR 1 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary Elmira Everhart (Name on Original Certificate) who Born (Was Born or Died) on Feb. 9, 1922 (Date of Event)
in Moscow Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on [illegible] (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Mary Elmira Everhart	Mary Almyra Everhart
mother's name	Ethel May Snyder	Ethel Mae Snider

Subscribed and sworn to before me this 28th day of March, 1942

[illegible]
Notary Public, residing at Seattle

My commission expires .....
(Seal)

Signed Mrs Ethel Mae Snider Everhart
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of March, 1942

[illegible]
Notary Public, residing at Seattle

My commission expires April 11th 1945
(Seal)

Signed Mrs Wm E Snider
(Signature of Any Credible Person Other Than Previous Year)

1849 — 4th — West
(Street Address, City, State)

493-210-629-795

PLACE OF BIRTH

RECEIVED
MAR 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Registration District No. 61 File No. 99385

Hospital Inland Empire Primary Registration District No. 1011, Registered No. 31

FULL NAME OF CHILD Jean Elizabeth Miller
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Feb 10 1922

What bactericidal solution was used in eyes? Ag No3 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	George S Miller	FULL MAIDEN NAME	Eula Agnes Greene
RESIDENCE	Moscow Ida R F D	RESIDENCE	Moscow Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Washington	BIRTHPLACE	Soldier Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Carithers
Physician
(Physician or midwife)

Address Moscow Ida

Filed Feb 10 1922 W H Carithers
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

812 107-029-113

PLACE OF BIRTH

STATE [redacted]
DEPARTMENT OF [redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99386

County of Latah
City of Genesee
No. ..... Registration District No. ..... File No. .....
Hospital ..... Primary Registration District No. ..... Registered No. 4

FULL NAME OF CHILD Lloyd George Hasfurther

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		2	Yes	Jan 7 1922

What bactericidal solution was used in eyes? No

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME George Hasfurther	FULL MAIDEN NAME Irene Jackshaw
RESIDENCE Genesee	RESIDENCE Genesee
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Carroll Iowa	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Thorny M.D.
(Physician or midwife)

Address Genesee Idaho

Filed 2-13 1922 W. H. Ehlen
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JUL 20 1945

DEC 3 1941

339-19-029-515

PLACE OF BIRTH

Form V. S. No. 11-C—25m-6-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99387

County of Latah.

City of Potlatch

No. 655 Lynch St.

Hospital

Registration District No. 65. File No.

Primary Registration District No. 2145 Registered No.

FULL NAME OF CHILD Willard Allison Neil Clinton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male.	✓		✓	yes.	Feb. 19 1922

FATHER	MOTHER
FULL NAME: Walter H. Clinton	FULL MAIDEN NAME: Arlene G. Vanwormer
RESIDENCE: Potlatch.	RESIDENCE: Potlatch.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 25. (Years)
BIRTHPLACE: Wisconsin	BIRTHPLACE: New York State.
OCCUPATION: Shoemaker.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Thompson. M.D.

(Physician or midwife)

Address Potlatch

Given names added from a supplemental report.

19

Registrar

Filed Feb. 22nd 1922. Dr. J. W. Thompson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-216-029-423

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah.

City of Potlatch.

No. ..... St.

Hospital .....

Registration District No. 65. File No. 99388

Primary Registration District No. 2145. Registered No. .....

FULL NAME OF CHILD Mary Oliver Smith.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	✓	yes.	Feb. 16th 1922

FATHER		MOTHER	
FULL NAME	Will. W. Smith.	FULL MAIDEN NAME	Mary Jane. Lough MILNE
RESIDENCE	955 Latah. Potlatch.	RESIDENCE	Potlatch. 955 Latah.
COLOR	W.	COLOR	White.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Washington
OCCUPATION	Laborer -	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 6 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr Jno. Thompson M.D.

(Physician or midwife)

Address Potlatch

Filed Feb 18 1922 Dr Jno. Thompson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 8 1966

DECEASED

285-202-029-162

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Latah.

City of Potlatch

Registration District No. 65 File No. 99389

No. ..... St.

Primary Registration District No. 2145 Registered No. .....

Hospital .....

FULL NAME OF CHILD Viola Louise Bye.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female	✓		✓	yes.	Feb.	2nd	1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Halvegh Bye	Josephine Jodell.
RESIDENCE	Potlatch Ida.	Potlatch
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40.	36.
BIRTHPLACE	Wisconsin	Wisconsin
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 4 30/60 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Jas. Thompson

M.D.

(Physician or midwife)

Address Potlatch Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feb. 18th 1922. Dr Jas. Thompson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-105-029-234

PLACE OF BIRTH

County of Latah

City of Onaway

No. ____ St.

Hospital ____

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 99390

Primary Registration District No. 2145 Registered No. ____

FULL NAME OF CHILD John Karr Carr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	March 5 1922

FATHER

FULL NAME: Alfred L. H. Karr

RESIDENCE: Princeton Idaho

COLOR: White AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mary Elizabeth Stubbs

RESIDENCE: Princeton Idaho

COLOR: White AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Mich.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2nd

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6-35 P M. on the date above stated.

(Signature) W. S. Dartt M D

(Physician or midwife)

Address Palouse Wn

Filed March 10th 1922. D. J. W. Thompson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y-CO 38071

Dup of 1922-34613

213-113-029-415

PLACE OF BIRTH

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah.

City of Bruceton

Registration District No. 65

File No. 99391

No. ____ St.

Primary Registration District No. 2145

Registered No. ____

Hospital ____

FULL NAME OF CHILD John Elmer Bacon.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male.				yes.	March 13 1922

FATHER		MOTHER	
FULL NAME	William Bacon.	FULL MAIDEN NAME	Ella. Dunker.
RESIDENCE	Bruceton	RESIDENCE	Bruceton
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive. (Born alive or stillborn), at 2 99 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19____

Registrar

(Signature) Dr. J. W. Thompson.
M.D.
(Physician or midwife)

Address Potlatch

Filed March 13 1922. Dr. J. W. Thompson
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 18 1942

855-603-229863

PLACE OF BIRTH

RECEIVED APR 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Troy

No. ____ St.

Registration District No. 64 File No. 99393

Hospital ____ Primary Registration District No. 2174 Registered No. ____

FULL NAME OF CHILD Thomas Leigh Stone

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	March 3 192 2

What bactericidal solution was used in eyes? Silver Nit.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	George Stone	FULL MAIDEN NAME	Emma Holmes
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Mich
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. H. Nelson M.D.

(Physician or midwife)

Address Troy Idaho

Give names added from a supplemental report.

March 24, 1922

Lucy M. Pickard
Registrar.

Filed March 24 1922 Lucy M. Pickard
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 26 1958

195-123-029381

PLACE OF BIRTH

County of Latah

City of Troy

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 5 1922

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 64 File No. 99394

Primary Registration District No. 2144 Registered No. ____

FULL NAME OF CHILD Willis Martin Arneberg
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 23 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Harry Phillips Arneberg	FULL MAIDEN NAME	Rose Joy Cheney
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. G. Nelson M. D.
(Physician or midwife)

Address Troy Idaho

Give names added from a supplemental report.

March 31, 1922
Lucy M. Pickard
Registrar.

Filed March 31 1922 Lucy M. Pickard
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

819-226-0292.43

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah
City of Troy
No. ____ St.
Hospital ____
Registration No. 64
File No. 99395
Primary Registration District No. 2144
Registered No. ____

FULL NAME OF CHILD Mary Elizabeth Harland
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb 26 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 4 — Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Raymond V. Harland	FULL MAIDEN NAME	Stella Buckbee
RESIDENCE	Troy Idaho	RESIDENCE	Troy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Nelson M. D.
(Physician or midwife)

Address Troy Idaho

Filed March 31 1922 Lucy M. Pickard
Registrar.

Give names added from a supplemental report.

March 31, 1922
Lucy M. Pickard
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1942

OCT 25 1965

059-118-030-215

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Lemhi

Registration District No. 41 File No. 99399

No. ..... St.

Primary Registration District No. 2116 Registered No. .....

Hospital .....

FULL NAME OF CHILD Charles Mahlon Ferris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan (Month) 18 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Roscoe Andrew Ferris	FULL MAIDEN NAME	Lena B. Banks
RESIDENCE	Lemhi Idaho	RESIDENCE	Lemhi Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Morenci Michigan	BIRTHPLACE	Yamhill Oregon
OCCUPATION	Rancher	OCCUPATION	Ranching

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Jan 18 1922 at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs W.H. Ling
mid wife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Mrs W H Ling Lemhi Idaho

Filed Mar. 10 1922 Cleo E. Bellamy
Registrar
Dep.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 9 1942

FEB 21 1956

112-131-030-313

PLACE OF BIRTH

Amended 5-13-75

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

No. Idaho St.

Registration District No. 41 File No. 99400

Primary Registration District No. 216 Registered No.

Hospital

FULL NAME OF CHILD Joseph James Jakovac

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	and	Second	Yes	Jan - 31 1922

FATHER

FULL NAME Felix Jakovac

RESIDENCE Salmon Idaho

COLOR White AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Austria

OCCUPATION Woodchopper.

MOTHER

FULL MAIDEN NAME Pauline Jacovic

RESIDENCE Salmon Idaho.

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Austria

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1:00 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar.

(Signature) Felix Jakovac
Father
(Physician or midwife)

Address Salmon Idaho

Filed Mar 10 19 22 Clio E. Bellomy
Registrar.

APR 4 1975

5-9-75

RECEIVED
MAY 13 1975
BUREAU OF
VITAL STATISTICS

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 99400

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Joe Jakovi (Name on Original Certificate) who was born (Was Born or Died) on January 31, 1922 (Date of Event)
in Salmon (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, th
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) ar

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Joe	Joseph James Jakovac
Father's last name	Jakovi	Jakovac

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth r
ord; of attendant, funeral director, informant if correct
a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Lewis & Clark }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that th
are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of
May, 1975.

Signed Mary E. Jakovac
(Signature of Any Credible Person)

Notary Public, residing at Helena, Mont.
My commission expires March 14, 1976
(Seal)

7510 North Benton, Helena
(Street Address, City, State) Montana

FORM DH 60-155 RUSH - fc - Correction corresp. (J)

Certificate of Baptism issued February 4, 1922 gives name as Joseph James born January 31, 1922 son of Felix Jakovac. St. Charles Catholic Church, Salmon, Idaho. Viewed by V.S.

Family Record issued at time of birth gives father's signature as Felix Jakov[illegible] father of Joseph James Jakovac.
Viewed by V.S.

MAY 1 3 19[illegible]

[redacted] 112-131-030-313

[redacted] CE OF BIRTH

Amended 5-13-75

Form V. S. No. 11—20m-7-30-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

No. Idaho St.

Registration District No. 41 File No. 99401

Primary Registration District No. 2116 Registered No.

Hospital

FULL NAME OF CHILD Anton Steven Jakovac

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			First	Yes	Jan 31 1922

FATHER

FULL NAME Felix Jakovac

RESIDENCE Salmon Idaho.

COLOR White AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Austria

OCCUPATION Wood chopper.

MOTHER

FULL MAIDEN NAME Pauline Cvancic

RESIDENCE Salmon Idaho

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Austria

OCCUPATION Housekeeper.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:00 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____
Registrar.

(Signature) Felix Jakovac
Father.
(Physician or midwife)

Address Salmon Idaho.

Filed March 1922 Alice C. Billman
Registrar.

APR 14 1975

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 13 1 17 PM '75
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 99401

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Antone Jakovc (Name on Original Certificate) who was born (Was Born or Died) on January 31, 1922 (Date of Event)
in Salmon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Antone Jakovc	Anton Steven Jakovac
Father's last name	Jakovc	Jakovac

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Lewis & Clark }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of
January, 1975.

Signed Phyllis M. Jakovac
(Signature of Any Credible Person)

Notary Public, residing at Helena, Mont.
My commission expires March 14, 1976.
(Seal)

707 Sierra Rd. W. Helena Mont.
(Street Address, City, State)

FORM DH 60-155

Rush - fc - Correction corresp.

Baptismal Certificate lists name as Anton Steven born January 31, 1922, son of Felix Jakovac and baptized in the church of St. Charles, Salmon, Idaho. Baptized February 4, 1922 by Rev. John A. Mattes. Sponsors: Anton Jakovac and Amalia Proksch.
VIEWED BY V.S.

MAY

Family record signed by father at time of birth gives last name spelled correctly. Jakovac.
Viewed by V.S

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

122-030-356

Form V. S. No. 11-C—25m-9-6-27

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 41 File No. 99402

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Hugh Cleveland JOHN Patton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Feb 22 1922

FATHER		MOTHER	
FULL NAME	Edward Geo E Patton	FULL MAIDEN NAME	Mary Alice Lewis
RESIDENCE	Big Hole Mont	RESIDENCE	Big Hole Mont
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Wise River, Montana	BIRTHPLACE	Phillipsburg, Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. S. Wright M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Salmon Ida

Filed March 10 1922 Chas. C. Bellamy Registrar

Dep.

5/16/41 L. B.

RECEIVED
APR 15 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Apr. 7-22, 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Salmon

Street: .....

County: Lemhi

File Number: 99402

Registration Dist. No. .....

Sex of Child: ~~Female~~ mistake Male

Date of Birth: Feb-22 192..

Father: Jos. Edward Patton (Full Name)

Mother: Alice Mary Lewis (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Hugh Cleveland Patton
Child's Name in Full

Alice Lewis Patton
Signature of Father or Mother

3/27/41 5/2/41

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MAY 12 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of IDAHO } ss.
County of LEMHI }

Certificate No. 99402
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or death) for HUGH CLEVELAND JOHN PATTON (Name on original certificate) who WAS BORN (Was born or died) on FEB. 22, 1922 (Date of event) in SALMON, IDAHO (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by AFFADAVIT (Bible record, insurance policy, etc.) prepared on MAY 9, 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
place of birth	BIG HOLE, IDAHO	SALMON, IDAHO
place of birth of father	BIG HOLE, MONTANA	WISE RIVER, MONTANA
place of birth of mother	BIG HOLE ?	PHILLIPSBURG, MONTANA
age of father	?	27 yrs.

Subscribed and sworn to before me this 9th day of May, 19 41

Maurine C. McBride

Notary Public, residing at Salmon, Idaho

My commission expires Dec. 1, 1944

[SEAL]

Signed Mary Alice Lewis Patton
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person)

Salmon, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of IDAHO } ss.
County of LEMHI }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of May, 19 41

Maurine C. McBride

Notary Public, residing at Salmon, Idaho

My commission expires Dec. 1, 1944

[SEAL]

Signed Jay Clark
(Signature of any credible person other than the previous affiant)

Salmon, Idaho
(Street Address, City, State)

R.N. at birth of Hugh Cleveland John Patton

Received for filing on by Clio C. Bellamy
(Registrar's signature)

AUG 5 1952

216-105-030-271

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

RECEIVED
MAR 30 1922
BUREAU OF VITAL STATISTICS

Registration District No. 41

File No. 99403

Primary Registration District No. 2116

Registered No. .....

FULL NAME OF CHILD Ray Worth Safford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	March 5 1922

FATHER		MOTHER	
FULL NAME	Oscar Safford	FULL MAIDEN NAME	Mable Spaulding
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Hwf

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. S. Wright M.D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Salmon Ida.

Filed March 10 1922 Chas. C. Bellamy Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Apr. 7, 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Salmon

Place of Birth — Street:

Place of Birth — County: Lemhi

File Number: 99403

Registration Dist. No.:

Sex of Child: Male

Date of Birth: March 5th 192.2.

Father: Oscar Warren Safford (Full Name)

Mother: Mabel Spaulding (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ray Worth Safford
Child's Name in Full

Mabel Safford
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

P[redacted]TH

799-[redacted]-231

County of Lewis

City [redacted]

No. ..... St.

Registration District No. 50 File No. 99404

Hospital ..... Primary Registration District No. 2129 Registered No. 6

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Betty Jean Primus
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
female	—		—	Yes	Feb.	6	1922.

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Agno 3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Louis J. Primus	Minnie Elmira Black
RESIDENCE	Craigmont, RFD.	Craigmont, RFD.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	22	22
BIRTHPLACE	Independence, Iowa	Mohler, Idaho.
OCCUPATION	Rancher	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlop M.D.

(Physician or midwife)

Give names added from a supplemental report.

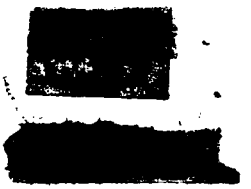
....., 19....

Registrar.

Address Craigmont, Idaho.

Filed 2/6 1922. R. E. Dunlop
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



FEB 2 2 1944

793-105-031-818

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 99405

County of Lewis

City of Craigmont,

No. ..... St. Registration District No. 50 File No. .....

Hospital ..... Primary Registration District No. 2129 Registered No. 5

FULL NAME OF CHILD Robert Elliott Pilsbury
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—		—	Yes	Feb. 5 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Agno3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Royal Lunt Pilsbury	FULL MAIDEN NAME	Clara Haynes
RESIDENCE	Craigmont, Idaho.	RESIDENCE	Craigmont, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Rochester, Mass.	BIRTHPLACE	Lewiston, Idaho.
OCCUPATION	Drayman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlop, M.D.

(Physician or midwife)

Address Craigmont, Idaho.

Filed 2/6 1922. R. E. Dunlop
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 5 1970

493-23-031-618

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Craigmont, Idaho.

No. ____ St.

Registration District No. 50 File No. 99406

Hospital ____ Primary Registration District No. 2129 Registered No. 4

FULL NAME OF CHILD Lora Mae Miller
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	Feb. 13 1922

What bactericidal solution was used in eyes? Argo3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME George F. Miller	FULL MAIDEN NAME Mary Aletha Way
RESIDENCE Nezperce, RFD.	RESIDENCE Nezperce, RFD.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Washington	BIRTHPLACE Moscow, Idaho.
OCCUPATION Rancher	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. E. Dunlap M.D.
(Physician or midwife)

Address Craigmont, Idaho.

Filed Feb. 14 1922. P. E. Dunlap
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 1976

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

362-221-031-814

County of Lewis

City of Craigmont, RFD,

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 50 File No. 99407

Primary Registration District No. 2129 Registered No. 3

FULL NAME OF CHILD Evelyn Marie Costley
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	Feb. 21 1922.

What bactericidal solution was used in eyes? Argo3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME William Jennings Costley	FULL MAIDEN NAME Ruth Evelyn Hamm
RESIDENCE Craigmont, RFD	RESIDENCE craigmont, RFD.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Orangeville, Idaho.	BIRTHPLACE Blaine, Wash.
OCCUPATION Rancher	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1.15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P E Dunlap M.D.

(Physician or midwife)

Craigmont, Idaho.

Address .....

Filed 3/1 1922 P E Dunlap
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

MAR 2 6 1970

493.109.031-433

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. Village St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 99408

Primary Registration District No. Registered No. 170

FULL NAME OF CHILD Donald Joseph Mitchell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	—	Yes	Feb. 9 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Agno3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Milton Barrette Mitchell	FULL MAIDEN NAME	Marian Charlotte McLeod
RESIDENCE	Nezperce, Idaho.	RESIDENCE	Nezperce, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	~~[illegible]~~ Alesandro, Cal.	BIRTHPLACE	Leland Idaho
OCCUPATION	Bank Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12.15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlap M.D.
(Physician or midwife)

Give names added from a supplemental report.

Address Craigmont, Idaho

Filed 3-14 1922

Albert Huff
Registrar.

Albert Huff
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-110-031-265

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Craigmont, R.F.D.

No. ____ St.

Registration District No. 50 File No. 99409

Hospital ____ Primary Registration District No. 2129 Registered No. ____

FULL NAME OF CHILD Paul Schnoore
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	and		Yes	March 10 1922

What bactericidal solution was used in eyes? Ag No3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Richard Edward Schnoore	FULL MAIDEN NAME Katrina Koeppen
RESIDENCE Craigmont, RFD.	RESIDENCE Craigmont, RFD.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Germany	BIRTHPLACE Germany
OCCUPATION Rancher	OCCUPATION Housewife

(over)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlap, M.D.
(Physician or midwife)

Address Craigmont, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 3/11 1923. R. E. Dunlap
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Child premature about 4# weight with double club feet. Parents related.

35-219-031-741

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Craigmont

No. ____ St.

Hospital ____

Registration District No. 50 — File No. 99410

Primary Registration District No. 2129 — Registered No. 8

FULL NAME OF CHILD Marjorie Jean Leavell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	Yes	Mch 19 1922

What bactericidal solution was used in eyes? Argo3

Number of child of this mother, including present birth 2 — Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Frank J. Leavell	FULL MAIDEN NAME Olive Loretta Adams
RESIDENCE Craigmont, Idaho.	RESIDENCE Craigmont, Idaho.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Michigan	BIRTHPLACE Nebraska
OCCUPATION Garage Mechanic	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4.32 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) R. E. Dunlop M.D.
(Physician or midwife)

Address Craigmont, Idaho.

Filed 3/30 1922 R. E. Dunlop
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-120-
072-693

PLACE OF B[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
MAR [illegible] 1922

County of Lincoln

City of Shoshone

No. ..... St.

Hospital .....

Registration District No. 16 File No. 99411

Primary Registration District No. 1016 Registered No. 10

FULL NAME OF CHILD Leo Herbert Hill Jr.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	Yes	2/20 1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leo H. Hill	FULL MAIDEN NAME	Mary Wilson
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Florida	BIRTHPLACE	Utah
OCCUPATION	Plumber	OCCUPATION	Wife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3:15 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address

Filed Feb 25 1922 J L Fuller Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

FEB 21 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Florida
County of Duval } ss.

JUN 12 1942

Certificate No. 99411

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Leo Herbert Hill (Name on Original Certificate) who was Born (Was Born or Died) on Feb. 20 1922 (Date of Event)
in Shoshone - Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared at Baptism (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Leo H. Hill Jr.	Leo Herbert Hill Jr.

Subscribed and sworn to before me this 9th day of May 1942

Edward Parker
Notary Public, residing at Jacksonville, Fla
My commission expires May 15 1945
(Seal)
My Commission expires May 15, 1945

Signed Mary Emma Hill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

808 Main St. Jacksonville, Fla.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Florida
County of Duval } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of May 1942

Edward Parker
Notary Public, residing at Jacksonville, Fla
Notary Public, State of Florida at Large
My commission expires May 15, 1945
(Seal)
My Commission expires May 15, 1945

Signed Grace Kelly
(Signature of Any Credible Person Other Than Previous Year)

535 E. Adams St. Jax. Fla
(Street Address, City, State)

JUN 12 1942

796-217-032-748

PLACE OF BIRTH

Form V. S. No. 11—20m-

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

99412

RECEIVED MAR 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. 16 File No. 99412

No. ..... St.

Primary Registration District No. 1016 Registered No. 9

Hospital .....

FULL NAME OF CHILD Dorothy Jewel Prosser

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
Female	—		—	Yes	2/17/22

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John J. Prosser	FULL MAIDEN NAME	Lillian L. Puyrer
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Canada	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present bi[illegible] 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 45 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar.

Filed Feb 25 1922 J. L. Fuller Regi[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 25 1959

128-216-032-719

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99413

County of Lincoln

City of Shoshone

Registration District No. 16 File No. 8

No. ..... St.

Primary Registration District No. 1016 Registered No. .....

Hospital .....

FULL NAME OF CHILD Dorothea Jean Ashline

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	Yes	2/16/22

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Abraham Newell Ashline	FULL MAIDEN NAME	Margaret Garver
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Mass	BIRTHPLACE	Wisconsin
OCCUPATION	Civil Engineer	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address .....

Filed Feb 25 1922 J L Fuller
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

856-111-032-493

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99414

County of Lincoln

City of

No. N. Shoshone, St. Registration District No. 16 N. Shoshone. File No.

Hospital Primary Registration District No. 1016 Registered No. 7

FULL NAME OF CHILD Robert E. Hewitt, Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X		X	yes	3-11 192 2

What bactericidal solution was used in eyes? Sol Argyrol, 10%.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Robert E. Hewitt,	FULL MAIDEN NAME	Carrie A. Mills,
RESIDENCE	North Shoshone, Idahc	RESIDENCE	North Shoshone, Idaho?
COLOR	White,	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	North Carolina	BIRTHPLACE	Michigan,
OCCUPATION	Farmer,	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, (Born alive or stillborn) at 8.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C Drane M.D.

Physician.
(Physician or midwife)

Address Shoshone, Idaho.

Filed Feb 13 192 2 J L Sumner
Registrar.

Give names added from a supplemental report.

....., 19.....

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Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Form V. S. No. 11—20m-7-26-19

266-205-032-719

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone — Registration District No. 16 — File No. 99415

No. ____ St. — Primary Registration District No. 1016 — Registered No. 6

Hospital ____

FULL NAME OF CHILD Meredyth Adaline Bowler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Feb. 5 1922

FATHER

FULL NAME: Albert Ernest Bowler

RESIDENCE: Shoshone, Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 41 (Years)

BIRTHPLACE: Nebraska

OCCUPATION: Asst. Water Master

MOTHER

FULL MAIDEN NAME: Martha Brazie Garlock

RESIDENCE: Shoshone, Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Nebraska

OCCUPATION: ____

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at ____ M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address ____

Given names added from a supplemental report.

____ 19____

____
Registrar.

Filed Feb 13 1922 [signature]
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 12 1958
22 194

632-107-033-133

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Salem

No. ..... St.

Hospital .....

Registration District No. 100 File No. 99416

Primary Registration District No. 2178 Registered No. 57

FULL NAME OF CHILD Donald E Olsen

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 3, 1922

What bactericidal solution was used in eyes? Silva Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Irwin James Olsen	FULL MAIDEN NAME Gladys Alvina Allen
RESIDENCE Salem	RESIDENCE Salem
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5.30 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Evans

Physician

(Physician or midwife)

Address .....

Filed 3/6 1922 G. E. Epps

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

'L REASONS WHY A

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Salmon Idaho

Street:

County: Madison

File Number: 99416

Registration Dist. No.: 1

Date of Birth: March 3 1922

Sex of Child: Male

Father: James Evan Olsen (Full Name)

Mother: Gladys Alvinia Allen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Donald Eo. Olsen.

Child's Name in Full

Gladys Olsen.

Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

643-106-033-796

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Salem Ward

No. ..... St.

Registration District No. 100 File No. 99417

Hospital .....

Primary Registration District No. 2178 Registered No. 56

FULL NAME OF CHILD Collins Garth Fullmer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	March 6th 1922

What bactericidal solution was used in eyes? Ag NO3

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Solomon Fullmer	FULL MAIDEN NAME	Merle Grover
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Evans

Physician
(Physician or midwife)

Address Lugin City

Filed 3/6 1922 G. G. Espe
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOU
OF SUCH CHILD AND THE SAME COMPLETED WITHIN THE

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sabetha

Street: .....

County: Nemaha

File Number: 99417

Registration Dist. No. .....

Date of Birth: March 6th 1922.

Sex of Child: Male

Father: [illegible] Fullmer (Full Name)

Mother: Marie Grover (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Collins Garth Fullmer
Child's Name in Full

Marie G. Fullmer
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1444

693-212-033-753

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99418

County of Madison

City of Hibbard

No. ..... St. ..... Registration District No. 100 File No. .....

Hospital ..... Primary Registration District No. 2178 Registered No. 55

RECEIVED MAR 20 1922 BUREAU OF VITAL

FULL NAME OF CHILD Dorthella Willmore
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	2 - 12 1922

What bactericidal solution was used in eyes? 2% Sol. Mercury chrome

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Abner Willmore	FULL MAIDEN NAME	Edith Leona Pack
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Address Rexburg Idaho

Filed 3/6 1922 G G Eastpe
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2

AL REASONS WHY A CERTIFICATE OF BIRTH
OR EACH CHILD AND THE SA

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City ... Hibbard Ida
Street .....
County ... Madison

File Number ..... 99418 .....

Registration Dist. No. .....

Date of Birth Feb. 12 1922

Sex of Child ..... Female .....

Father John Abner Willmore
Full Name

Mother Edith Leone Peck
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Dorthella Willmore
Child's Name in Full

Mrs John Abner Willm
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1445

231-212-033-692

PLACE OF BIRTH

Ammended 2-12-87
JLH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Hibbard

No. ..... St.

Hospital .....

Registration District No. 100 File No. 99419

Primary Registration District No. 2178 Registered No. 54

FULL NAME OF CHILD Fay Blanchard
(Certificate of no value without full name of child.)

Sex of Child Female Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth 2-12-1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 2% Sol Mercury Chrome

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Alonzo H Blanchard	FULL MAIDEN NAME	Stella May Fisher
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 7:15 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin L. Rich

MHP
(Physician or midwife)

Address Rexburg Idaho

Filed 3/6 1922 G G Eagle
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

CERTIFICATE

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Hibbard Ward

Street: .....

County: Madison

File Number: 99419

Registration Dist. No.: 17

Sex of Child: M. Male

Date of Birth: Feb 12 1922

Father: D. Blanchard (Full Name)

Mother: Stella May Fisher (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Fay Blanchard (Child's Name in Full)

Ozro D. Blanchard (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD. -

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 99419
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth for Fay Blanchard (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb. 12, 1922 (Date of Event) in Hibbard (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's sex of birth	male	female

Subscribed and sworn to before me this 16th day of April, 1981.

Notary Public, Florence Curbright

Residing at Boise

My commission expires Lifetime

(Seal)

Fay B. Jensen
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

Child's own birth certificate on file with Bureau of Vital Statistics, shows mother (female) as Fay Blanchard. Child born January 25, 1946, in Boise, Idaho, to Shelddone Jensen and Fay Blanchard. Certificate # 416427. Viewed by V.S.

Marriage certificate dated October 3, 1944 show's Fay Blanchard (implied female) married Sheldon DeLore Jensen in Logan,Utah in the presence of William R. Stokdale and Seymour Jenkins and the cermony was performed by Bishop LeRoy G. Salisbury. License issued by Cache county Oct. 3, 1944. Viewed by V.S.

1446

386-163-233-753

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison
City of Rexburg
No. 271 - E - 1st N St.
Registration District No. 100
File No. 99420
Hospital
Primary Registration District No. 2178
Registered No. 53

FULL NAME OF CHILD Ray Amos Thornock
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	2-13-192?

What bactericidal solution was used in eyes? 2% Sol mercuric chrom

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Heber William Thornock	FULL MAIDEN NAME	Wanda S Peterson
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:45 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin L. Rich
MD
(Physician or midwife)

Address Rexburg Idaho

Filed Mar 20 1922

Give names added from a supplemental report.

....., 19.....

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
APR 9 1922
BUREAU OF VITAL STATISTICS
STATE HOUSE

Boise, Idaho, Apr. 7-22 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rexburg

Street: 271 1st N 2nd East

County: Madison

File Number: 99420

Registration Dist. No.:

Date of Birth: Feb 13 192?

Sex of Child: Male

Father: Heber Williams (Full Name)

Mother: Wanda Stelica (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ray Amos
Child's Name in Full

Wanda S. Thornock
Signature of Father or Mother

FEB 9 1942

PFR

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1447

895-216-233-577

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAR 30 1922

County of Madison
City of Sugar
No. ..... St. .....
Hospital .....

Registration District No. 100 File No. 99421
Primary Registration District No. 2178 Registered No. 52

FULL NAME OF CHILD LaMON HINCKLEY
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	2-16-1922

What bactericidal solution was used in eyes? 2% Sol Mercury Chrome

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Henry Erastus HINCKLEY	FULL MAIDEN NAME	Roszina Eggertz
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Give names added from a supplemental report.
....., 19....
.....
Registrar.

Address Rexburg Idaho
Filed 3/6 1922 G G Eastman
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson }

SEP 16 1942

Certificate No. 99421

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for LaMon Hinckley (Name on Original Certificate) who was born (Was Born or Died) on Feb. 16, 1922 (Date of Event) in Sugar City, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Ward Records (Bible Record, Insurance Policy, Etc.) prepared on April 2, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Hiukley	Hinckley
Name	Unnamed	LaMon Hinckley

Subscribed and sworn to before me this 15th day of September, 1942

George M. Larsen

Notary Public, residing at Menan, Idaho.

My commission expires Dec. 12th 1943

(Seal)

Signed Henry S. Hinckley

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route No. 1. Rigby Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of September, 1942.

George M. Larsen

Notary Public, residing at Menan, Idaho.

My commission expires Dec. 12, 1943.

(Seal)

Signed A. W. DaBell

(Signature of Any Credible Person Other Than Previous Year)

Rigby Idaho.

(Street Address, City, State)

SEP 18 1942

1448

236-127-033 264

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Rexburg

City of Madison

No. 276-S-2nd West St.

RECEIVED MAR 20 1922 BUREAU OF VITAL

CERTIFICATE OF BIRTH

99422

Registration District No. 100 File No.

Hospital

Primary Registration District No. 2178 Registered No. 51

FULL NAME OF CHILD Bud D. Stoddard
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	February 27 1922

What bactericidal solution was used in eyes? 2% Sol Mercury chrome

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	David Stuart Stoddard	FULL MAIDEN NAME	Lillie Southworth
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Address Rexburg Idaho

Filed 3/6 1922 G G Espe
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF
LE FILED FOR EACH CHILD AND

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rexburg Idaho

Street: 1st W. 7th S.

County: Madison

File Number: 99422

Registration Dist. No. 3

Sex of Child: Male

Date of Birth: Feb 9 1922.

Father: David L. Stoddard (Full Name)

Mother: Lillie Irene Southwick (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Bud. D. Stoddard
Child's Name in Full

Mrs. David L. Stoddard
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1449

993-204-033-843

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 2 1922

CERTIFICATE OF BIRTH

County of Madison

City of Hibbard

No. ..... St.

Hospital .....

Registration District No. 100 File No. 99423

Primary Registration District No. 2178 Registered No. 50

FULL NAME OF CHILD Vil Ricks
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	3 - 4 1922

What bactericidal solution was used in eyes? 2 % Sol Mercury chrome

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Emerson Ricks	FULL MAIDEN NAME	Annie Hutchings
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Address Rexburg Idaho

Filed 3/6 1922 G G Espe
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RAL REASONS WHY A

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Redrug

Street:

County: Madison

File Number: 99423

Registration Dist. No.: 27

Date of Birth: March 4, 1922

Sex of Child: Female

Father: Thomas Emerson Ricks (Full Name)

Mother: Annie Hutchings (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Vila Ricks (Child's Name in Full)

Mrs. Emerson Ricks (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1450

866-117-033-314

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAR 20 1922
VITAL

County of Madison
City of Rexburg
No. 63-S-1st East St.
Hospital

Registration District No. 100
Primary Registration District No. 2178

File No. 99424
Registered No. 49

FULL NAME OF CHILD Keith William Hooper
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	2-13-1922

What bactericidal solution was used in eyes? 2% Sol mercury chrome

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Clifford William Hooper	FULL MAIDEN NAME	Cora Lamborn
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Auto-mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:50 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin L. Rich
MW
(Physician or midwife)

Address Rexburg Idaho

Filed 3/6 1922 G. G. Espe
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIR
R EACH C[illegible] [illegible] WITH

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rexburg

Street: 63 S. 1st East.

County: Madison

File Number: 99424

Registration Dist. No.:

Date of Birth: Feb. 17 192[illegible]

Sex of Child: Male

Father: Clifford Wm Hooper (Full Name)

Mother: Cora Lamborn (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Keith William Hooper. (Child's Name in Full)

Cora Hooper. (Signature of Father or Mother)

- - - - - - - - - - -

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It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1451

714-106-093-114

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 20 1922
SUPERVISOR

CERTIFICATE OF BIRTH

County of Madison
City of Rexburg
No. ..... St.
Hospital .....

Registration District No. 100 File No. 99425
Primary Registration District No. 2178 Registered No. 48

FULL NAME OF CHILD John Leo Paul
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	3 - 6 - 1922

What bactericidal solution was used in eyes? 2% Sol. mercury chrome

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	John Leo Paul	FULL MAIDEN NAME	Isabelle James
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 35 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin L. Rich
MD
(Physician or midwife)

Address Rexburg Idaho

Filed 3/6 1922 G. G. Espe
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG.

Boise, Idaho, Apr. 7-22 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rexburg Ida.
Street: 31 E 1st So
County: Madison

File Number: 99425

Registration Dist. No.:

Date of Birth: Mar 6 192 2

Sex of Child: Male

Father: John Leo Paul (Full Name)

Mother: Isabell James (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

John Leo Paul Jr. (Child's Name in Full)

J. Leo Paul (Signature of Father or Mother)

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

941-218-033-213

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Thornton

Registration District No. 100 File No. 99426

No. ..... St.

Primary Registration District No. 2178 Registered No. 45

Hospital .....

FULL NAME OF CHILD Kimiko Imada

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	2 - 18 - 1922 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	M. Imada	FULL MAIDEN NAME	Matsugo Kato
RESIDENCE	Thornton	RESIDENCE	Thornton
COLOR	Jap	COLOR	Jap
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Rexburg, Idaho

Filed 3/6 1922 G. G. Espe Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dupont 1922-11 [illegible]

385-109-033-231

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Madison

City of Archer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 100 File No. 99428

Primary Registration District No. 2178 Registered No. 43

FULL NAME OF CHILD Urban Sterling Cheney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Feb 9 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clarence Marcellus Cheney	FULL MAIDEN NAME	Alice Leal Blacklyern
RESIDENCE	Archer	RESIDENCE	Archer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Huntington Utah.	BIRTHPLACE	Brigham City Utah.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at Eleven a.m. at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margaret Ann Briggs
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Thornton Idaho R.F.D.1

Filed 3/6 1922

..... Registrar

G. Cope
Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIR
EACH CHILD AND THE SAME COMPLETED WITH

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Sunnydell Idaho. ~~Street~~ ..... County Madison

File Number 99428

Registration Dist. No. .....

Sex of Child Male

Date of Birth Feb. 9 1922.

Father Clarence Marcellus Cheney (Full Name) Mother Leal Blackburn (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Urban Sterling Cheney
Child's Name in Full

Clarence Marcellus Cheney
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

154-204-033-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 20 1922

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 99429

Primary Registration District No. 2178 Registered No. 42

FULL NAME OF CHILD Lela Jane Anderson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Jan 4th 1922

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Emery Anderson	FULL MAIDEN NAME	Julia J. Wilcox
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Emery Utah	BIRTHPLACE	Lehi Utah
OCCUPATION	U.S. City Mail Carrier	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Jan 4th 1922, at 8-20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician ~~or midwife~~)*

Address Rexburg Idaho

Filed 3/6 1922 G. G. Estes
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1942

SEVERAL REASONS WHY A CERT
CHILD AND TH

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City Rexburg
Street 256 So. Center
County Mds. Co.

File Number 99429

Registration Dist. No.

Date of Birth Jan 4 1922

Sex of Child Female

Father Emery Milton Anderson
Full Name

Mother Julia Jane Anderson
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Lela Jane Anderson
Child's Name in Full

Jos. J. A. Emery M. Anderson
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

613-222-033-293

PLACE OF BIRTH

name added 5-3-83

County of Madison

City of Burton

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 99430

Primary Registration District No. 2178 Registered No. 41

FULL NAME OF CHILD Delpha Billeter Walz
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Jan 22 1922

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 3rd Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Conrad L. Walz	FULL MAIDEN NAME	Aurillia Billeter
RESIDENCE	Burton Idaho	RESIDENCE	Burton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Burton Idaho	BIRTHPLACE	Switzerland.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Jan 22, 1922 (Alive.) 1-50 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or midwife)

Address Rexburg Idaho

Filed 3/6 1922 G. G. Eagle
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5-8-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Bonneville } ss.

Certificate No. 99430
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Walz (Name on Original Certificate) who was born (Was Born, Died, etc.) on 1-22-22 (Date of Event)

in Burton (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Delpha Billeter Walz

Subscribed and sworn to before me this 28th day of April, 1983.

Notary Public, [signature]
Residing at Idaho Falls, Idaho
My commission expires —
(Seal)

Delpha W Marshall
Signature of Applicant
RT 6 Box 412 Idaho Falls, Idaho 83402
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

Certificate of Blessing from LDS Church gives Delpha Billeter daughter of Conrad L Walz and Aurelia Emily Billeter born Jan 22, 1922 at Burton and was blessed March 5, 1922. Viewed by V.S.

MAY 3 1983

Certificate of Baptism from LDS Church gives Delpha Billeter Walz daughter of Conrad L Walz and Aurelia Billeter born Jan 22, 1922 at Burton was baptised July 6, 1930. Viewed by V.S.

815-122-033-155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Thornton

No. ..... St.

Hospital .....

Registration District No. 100 File No. 99431

Primary Registration District No. 2178 Registered No. 40

FULL NAME OF CHILD Rulan Sylvester Hansen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Jan 22 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Hans M. HANSEN	FULL MAIDEN NAME	Emma Jensen
RESIDENCE	Thornton Idaho	RESIDENCE	Thornton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Denamrk	BIRTHPLACE	Redmond Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Jan 22, 1922, 10-20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or midwife)

Address Rexburg Idaho

Filed 3/6 1922 G G Espe
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

EASONS

MAY 2[illegible]
BUREAU OF VITAL STATISTICS

Boise, Idaho, [illegible] 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Independence

Street: .....

County: Madison

File Number: 99431

Registration Dist. No. .....

Date of Birth: January 22 1922

Sex of Child: Male

Father: Hans M Hansen (Full Name)

Mother: Emma Jensen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ruban Silvester Hansen
Child's Name in Full

Hans M Hansen
Signature of Father or Mother

... AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

893-118.033-251

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Plano

No. ..... St.

Hospital .....

Registration District No. 100 File No. 99432

Primary Registration District No. 2178 Registered No. 39

FULL NAME OF CHILD Harold Jack Hillman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Feb 18th 1922

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Hillman	FULL MAIDEN NAME	Eveline Knapp
RESIDENCE	Plano Idaho	RESIDENCE	Plano Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Plamo Idaho	BIRTHPLACE	Hibbard Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Feb 18, 1922 5-15 P. M. on the date above stated.
(Born alive or stillborn).

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician or ~~midwife~~)**

Give names added from a supplemental report.

..... 19....

..... Registrar.

Address Rexburg Idaho.

Filed 3/6 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }
County of Madison } ss.

Certificate No. 99432

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Hillman (male child) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 18, 1922 (Date of Event)
in Plano, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on February 16, 1966 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Harold Jack Hillman

Subscribed and sworn to before me this 16th day of February, 1966

Notary Public, residing at Rexburg, Idaho
My commission expires June 25, 1967
(Seal)

Signed Alice E. Knapp Hillman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 2, Rexburg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of February, 1966

Notary Public, residing at Rexburg, Idaho
My commission expires June 25, 1967
(Seal)

Signed W. Lloyd Hillman
(Signature of Any Credible Person)

Rexburg, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 1-13-64. one copy pd. rec. #14286.

LDS Church Certificate of Blessing, April 2, 1922, gives full name of child as Harold Jack Hillman, son of John A Hillman and Alice E. Knapp, born February 18, 1922 at Plano, Idaho - viewed by VS.

NOV 1 1968

LDS Church Certificate of Baptism and Confirmation, August 2, 1930, gives full name of child as Harold Jack Hillman, son of John A Hillman and Alice E. Knapp, born February 18, 1922 at Plano, Idaho - viewed by VS.

799-123-033-282

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison
City of Rexburg
No. ____ St.
Hospital ____

Registration District No. 100 File No. 99433
Primary Registration District No. 2178 Registered No. 38

FULL NAME OF CHILD ____
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1st	No	Feb 23rd 1922

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth. 1st Number of child of this mother now living, including present birth. 1

FATHER		MOTHER	
FULL NAME	Omer Price	FULL MAIDEN NAME	Verla Bybee
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Dont Know	BIRTHPLACE	Honeyville Utah
OCCUPATION	None	OCCUPATION	None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Feb 23rd 1922 8-30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Parley Nelson M.D.
(Physician or Midwife)

Address Rexburg Idaho

Filed 3/6 1922 G. E. Ricks
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

851-101-033-769

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 99434

Primary Registration District No. 2178 Registered No. 37

FULL NAME OF CHILD HOWARD WILLIAM HEATH, JR.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Mar 1st 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 1st Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Howard W. Heath	FULL MAIDEN NAME	Emily Porter
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Logan Utah
OCCUPATION	Auto Top Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Mar. 1st 1922. 1-10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Parley Nelson

M.D.
(Physician [redacted])

Address Rexburg Idaho.

Filed 3/6 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Madison } ss.

Certificate No. 99434

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed (Name on Original Certificate) who Born (Was Born or Died) on March 1, 1922 (Date of Event)
in Rexburg (Place of Event) were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on June 25, 1923 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Howard William Heath, Jr.

Subscribed and sworn to before me this 25th
day of June 1942
John C. Coulter
Notary Public, residing at Rexburg, Ida.
My commission expires Aug. 1, 1942
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Madison } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of June 1942
John C Coulter
Notary Public, residing at Rexburg, Ida.
My commission expires Aug. 1, 1942
(Seal)

Signed Wilford Lewis
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 26 1942

JUN 30 1942

335-227-033-154

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Hibbard

Registration District No. 100 File No. 99435

No. ..... St.

Primary Registration District No. 2178 Registered No. 36

Hospital .....

FULL NAME OF CHILD Irma LaRue Clements

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	2-27 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Cecil T. Clements	FULL MAIDEN NAME	Irene Anderson
RESIDENCE	Hibbard Idaho	RESIDENCE	Hibbard, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Logan, Utah	BIRTHPLACE	Rexburg Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.50 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rexburg Idaho

Filed 3/6 1922 H. G. Espe

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF STATE

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Apr. 7-22 1922.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Hibbard (Rexburg R#3)

Street:

County: Madison

File Number: 99435

Registration Dist. No.:

Date of Birth: Feb 27 1922

Sex of Child: Female

Father: Cecil T. Clements (Full Name)

Mother: Minnie Irene Anderson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Irma La Rue Clements

(Child's Name in Full)

Cecil T. Clements

(Signature of Father or Mother)

MAR 9 1939

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

154-224033-755

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99436

County of Madison

City of Rexburg Registration District No. 100 File No.

No. St.

Hospital City Hospital Primary Registration District No. 2178 Registered No. 35

FULL NAME OF CHILD Geneva Lois Andrus

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	2 - 24 1922

FATHER	MOTHER
FULL NAME Joseph B. Andrus	FULL MAIDEN NAME Emma Maude Lee
RESIDENCE Ashton, Idaho	RESIDENCE Ashton Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 44 (Years)	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE St George Utah	BIRTHPLACE Lewiston, Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Premature) at 11 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. W. Martin

Physician
(Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report.

19

Registrar

Filed 3/6 1922

H. G. Cooper
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 0 1970

553-117-033-751

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Madison

RECEIVED MAR 1922

CERTIFICATE OF BIRTH

City of Rexburg

Registration District No. 100 File No. 99437

No. ..... St.

Primary Registration District No. 2178 Registered No. 34

Hospital .....

FULL NAME OF CHILD Jack Robert Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	2 - 17 1922

FATHER		MOTHER	
FULL NAME	Jesse C. Nelson	FULL MAIDEN NAME	Elgie Pearce
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Rexburg Idaho	BIRTHPLACE	Randolph, Utah
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A O Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rexburg Idaho

Filed 3/6 1922 G G Gibbs Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CHAD DE L'ETAT

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Apr. 7-22 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rexburg

Street:

County: Madison

File Number: 99437

Registration Dist. No.:

Date of Birth: Feb. 17 192.2

Sex of Child: Male

Father: Jesse C. Nelson (Full Name)

Mother: Elge E. Pearce (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Jack Robert Nelson
Child's Name in Full

Elge Nelson
Signature of Father or Mother

AUG 31 1951 SEP 13 1965

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

918-208033-719

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 99438

Primary Registration District No. 2178 Registered No. 33

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Feb. 8th 1922

FATHER		MOTHER	
FULL NAME	Edward Raybould	FULL MAIDEN NAME	Eva Garner
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.55 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W. B. Evans

Physician

(Physician or midwife)

Address Sugar City, Idaho

Filed 3/6 1922 G. G. Espe Registrar

144-B3-033-968

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 99441

Primary Registration District No. 2178 Registered No. 30

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	February 23, 1922

FATHER	MOTHER
FULL NAME James V. Judy	FULL MAIDEN NAME Nellie J. Roylance
RESIDENCE Rexburg	RESIDENCE Rexburg, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Idaho.	BIRTHPLACE Idaho
OCCUPATION	OCCUPATION Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 50 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) .....

Physician

(Physician or midwife)

Address Rexburg, Idaho.

Filed 3/6 1922 G. Steele

Registrar

813.223.033-859

PLACE OF BIRTH

Amended 2/15/79

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Burton

Registration District No. 100 File No. 99442

No. ..... St.

Primary Registration District No. 2178 Registered No. 29

Hospital .....

FULL NAME OF CHILD Norma Margeurite Hall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Feb. 23, 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel S. Hall	Maggie Heilson
RESIDENCE	Burton	Burton
COLOR	White	White
AGE AT LAST BIRTHDAY	30 (Years)	28 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) .....

Physician
(Physician or midwife)

Address Rexburg, Idaho

Filed 3/6 19 32

.....
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

JAN 17 9 51 AM '79

Certificate No. 99442

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for unnamed female Hall (Name on Original Certificate) who was born (Was Born or Died) on Feb.23,1922 (Date of Event) in Burton, ID (Madison) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	omitted	Norma Margeurite Hall

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....

My commission expires .....
(Seal)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of January, 1979

Signed Lorraine Ellsworth
(Signature of Any Credible Person)

Notary Public, residing at Idaho Falls, Idaho

My commission expires Permanent
(Seal)

447 E - 14th St. Idaho Falls Idaho
(Street Address, City, State)

FORM DH 60-155

12/21/78 one cc as is

Membership record to the X LDS Church gives name as Norma Margeurite White born Feb 23, 1922 at Burton Idaho. father's name as Samuel S. Hall and mother's name as Maggie Heilesen. Blessed May 7, 1922 and Baptized July 6 1930. viewed by V. S.

Application to The Prudential Ins Co. of America gives name as Norma M. White born Feb 23, 1922. dated April 24, 1945. viewed by V. S.

355-123-033-867

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Hibbard

Registration District No. 100 File No. 99443

No. ..... St.

Primary Registration District No. 2178 Registered No. 28

Hospital .....

FULL NAME OF CHILD Darrell Earl Lee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Feb. 23, 1922

FATHER		MOTHER	
FULL NAME	Mark Lee	FULL MAIDEN NAME	Hattie Hope
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth..

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) .....

Physician (Physician or midwife)

Address Rexburg, Idaho

Filed 3/6 1922 ..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAY 8 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Apr. 6-22 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County Madison

File Number 99443

Registration Dist. No. .....

Sex of Child Male

Date of Birth Feb. 23-22 192....

Father [illegible] Lee
Full Name

Mother Harriet Martha Hoyt
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Darrell [illegible] Lee
Child's Name in Full

[illegible]
Signature of Father or Mother

MAY 1 1 1970

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

JAN 2 1952

1443

666-110-033-681

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

RECEIVED
MAR 30 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99444

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 27

FULL NAME OF CHILD Ferrel Wood
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	2-10-1922

What bactericidal solution was used in eyes? 2% Sol. mercury chrome

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	George Hurst Wood	FULL MAIDEN NAME	Sarah Wyatt
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Address Rexburg Idaho

Filed 3/6 1922 G. Gispe
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Boise, Idaho, Nov. 7 22 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Replogle

Street: 76 So. 2 West

County: Madison

File Number: 9944

Registration Dist. No.: 1

Sex of Child: Male

Date of Birth: February 10 1922.

Father: George Hurst Wood (Full Name)

Mother: Sarah Wyatt (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ferrel Wood.

Child's Name in Full

Mrs. George H. Wood

Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1442

692-208'033 #32

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 2 1922

CERTIFICATE OF BIRTH

County of Madison

City of Hibbard

No. ..... St.

Registration District No. 100 File No. 99445

Hospital ..... Primary Registration District No. 2178 Registered No. 26

FULL NAME OF CHILD Guyneth Irene Fisher
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	2 - 8 - 1922

What bactericidal solution was used in eyes? 2% Sol Mercury chrome

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Chas Henry Fisher	FULL MAIDEN NAME	Ida May McKenna
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:25 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich

MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Rexburg Idaho

Filed 3/6 1922 G Gleske
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N.B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

PLEASE TAKE

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Hilliard

File Number: 99445

Street:

Registration Dist. No.:

County: Madison

Date of Birth: Feb. 8 1922

Sex of Child: Female

Father: Charles Henry Fisher (Full Name)

Mother: Ida May Nichols (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Georgeth Irene Fisher
Child's Name in Full

Charles Henry Fisher
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1441

15 4-207-033 -862 Amended Child's Name Father's First Name 1/14/03 LME

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 99446

County of Madison

City of Salem

No. ____ St.

Registration District No. 160 File No. ____

Hospital ____ Primary Registration District No. 2178 Registered No. 25

FULL NAME OF CHILD Ruth Margie Anderson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes	2-7-192 2

What bactericidal solution was used in eyes? 2% Sol Mercury Chrome

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Leo Neal Anderson	FULL MAIDEN NAME	Hilda Hokanson
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin L. Rich MD
(Physician or midwife)

Address Keyburg Idaho

Filed 3/6 1922 G. E. Cope
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

1-2-03

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS.
County of _____ }

Certificate No. 22-99446

Date Filed 3-6-22

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for Baby Girl Anderson (Name on Original Certificate) who was born (Was Born, Died, etc.) on 2-7-1922 (Date of Event)

in Salem (Madison) Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's Full Name	Baby Girl Anderson	Ruth Margie Anderson
Father's First Name	Leo Neal	Leonel

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

X Ruth Margie Medina
Signature of Applicant

X 135 Whitney St Chula Vista
Street Address, City, State Calif.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } SS.
County of _____ }

(Must be completed _____)

(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

2 cc pd

Certificate of Live Birth for Mark Manuel Medina born on 6-28-61 in San Diego California states mother's name as Ruth Margie Anderson born in Idaho. Viewed by V.S.

Church of Jesus Christ of Latter-Day Saints that Ruth Margie Anderson was born on February 1922 at Salem, Madison Co., Idaho - father's name Leonel Anderson and mother's maiden name Hilda Hokanson. Viewed by V.S.

Certificate of Baptism for Ruth Margie Anderson daughter of Leonel Anderson and Hilda Hokanson born February 7, 1922 at Salem, Idaho was baptized on October 25, 1930 by Fred Luekan and confirmed a member of the Church of Jesus Christ of Latter-Day Saints on November 2, 1930. Viewed by V.S.

Marriage Certificate for Manuel Velasco Medina and Ruth Margie Anderson married on September 18, 1955 in Chula Vista, California. County of San Diego. Viewed by V.S.

Leonel and Hilda Anderson Remembered Book (picture) - Hakan Anderson Family - 1890 Picture of Leonel (6 yrs old). Leonel Anderson was born in Hyrum, Cache County, Utah on January 27, 1884 the youngest son of Hakan and Cecelia Swenson Adnerson. Leonel and Hilda's children in a picture.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of San Diego } SS.

On January 9 2003, before me, Janice Lynn Buyer, Notary Public

Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared Ruth Margie McGinn,

Name(s) of Signer(s)

☒ personally known to me
☐ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

JANICE LYNN BUYER
COMM. #1292815
NOTARY PUBLIC • CALIFORNIA
SAN DIEGO COUNTY
Commission Expires Feb. 2, 2006

Place Notary Seal Above

Signature of Notary Public

Optional

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

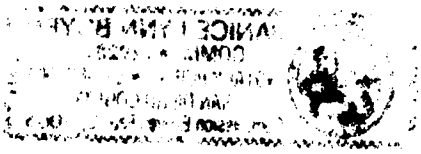
Signer's Name: _____

☐ Individual
☐ Corporate Officer - Title(s): _____
☐ Partner - ☐ Limited ☐ General
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

© 1999 National Notary Association • 9350 De Soto Ave., P.O. Box 2402 • Chatsworth, CA 91313-2402 • www.nationalnotary.org Prod. No. 5907 Recorder: Call Toll-Free 1-800-876-6827



1440

155-106-033-613

PLACE OF BIRTH

name added 3-18-83

County of Madison

City of Salem

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99447

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 24

FULL NAME OF CHILD Joseph Golden Jensen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	2 – 6 – 1922

What bactericidal solution was used in eyes? 2% Sol. mercury chrome

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Joseph Erastus Jensen	FULL MAIDEN NAME	Olive Walker
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Larin F. Rich
MD
(Physician or midwife)

Address Rexburg Idaho

Filed 3/6 1922 G G Eife
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9/23/77

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 16 1983
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 99447

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Jensen (Name on Original Certificate) who was born (Was Born or Died) on February 6, 1922 (Date of Event)
in Salem, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Jensen	Joseph Golden Jensen

Subscribed and sworn to before me this 26th day of September, 19 77

Notary Public, residing at Sandy, Utah 84070
My commission expires January 10, 1979
(Seal)

Signed Ora W Jensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of September, 19 77

Notary Public residing at Sandy, Utah 84070
My commission expires January 10, 1979
(Seal)

Signed Belva J. Kelbrew
(Signature of Any Credible Person)

7358 Three Fountains Cir #55
(Street Address, City, State)
Murray, Utah 84107

FORM DH 60-155

MAR 28 1983

Certificate of Birth from LDS Church gives Joseph Golden Jensen born Feb 6 1922 at Salem to Joseph E Jensen and Olive Walker. Entered on Record April 2, 1922. Viewed by V.S.

Certificate of Baptism from LDS Church gives Joseph Golden Jensen born Feb 6, 1922 at Salem to Joseph E Jensen and Olive Walker and was baptised March 1,1930. Viewed by V.S.

1435

381-203-033-769

PLACE OF BIRTH

RECEIVED
APR 9 1923
VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99448

County of Madison
City of Rexburg
No. 230-S-4th W St.
Hospital

Registration District No. 100
Primary Registration District No. 2178
File No.
Registered No. 23

FULL NAME OF CHILD Jeannette Chapple
(Certificate of no value without full name of child.)

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of birth 2-3- 1923 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 2% Sol Mercury Chrome

Number of child of this mother, including present birth 1 | Number of child of this mother now living, including present birth 1

FATHER

FULL NAME Leo Vernon Chapple
RESIDENCE Rexburg
COLOR White | AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Utah
OCCUPATION Painter

MOTHER

FULL MAIDEN NAME Rebecca Olive Porter
RESIDENCE Rexburg
COLOR White | AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Utah
OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:20 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin A. Rich, M.D.
(Physician or midwife)

Address Rexburg Idaho.

Filed 3/6 1923 L. G. Roske
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, Apr. 7-22 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rexburg; Street: 4th West 2nd South; County: Madison

File Number: 99448

Registration Dist. No.:

Date of Birth: Feb. 3rd 1922

Sex of Child: Female

Father: Leo Vernon Chapple (Full Name)

Mother: Rebecca Porter Chapple (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Jeannette Chapple
Child's Name in Full

Leo Vernon Chapple
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

632-231-033-632

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison
City of Rexburg
No. 253 E - 1st No St.
Hospital

Registration District No. 100 File No. 99449
Primary Registration District No. 2178 Registered No. 22

FULL NAME OF CHILD Marsene Elizabeth Olsen
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? no | Date of birth 1-31-1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 2% Sol Mercury chrome

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Laurence Burrell	FULL MAIDEN NAME	Elizabeth Ricks Olsen
RESIDENCE	Sugar	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Barber.	OCCUPATION	Student

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, 1:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Address Rexburg Idaho

Filed 3/6 1922 G. G. Cope
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

...ation obtained from Miss Elizabeth Ricks
PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
...e of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 20 1942

AUG 24 1946
AUG 24 1949
JUL 22 1974

1496

797-223-033-493

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99450

County of Madison
City of Rexburg
No. 216 - S. Center St.
Hospital

Registration District No. 100 File No.
Primary Registration District No. 2178 Registered No. 21

FULL NAME OF CHILD Ina Vallie Gillies
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	1-23-1922

What bactericidal solution was used in eyes? 2% Sol Mercury Chrome

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

	FATHER	MOTHER
FULL NAME	David A Gillies	Margaret E Miller
RESIDENCE	Rexburg	Rexburg
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	37
BIRTHPLACE	Utah	Utah
OCCUPATION	Salesman Rawleigh Supply Co	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louis F. Rich M.D.
(Physician or midwife)

Address Rexburg Idaho

Filed 3/6 1922

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Roxbury

Street: 216 So Center St

County: Madison

File Number: 99450

Registration Dist. No.:

Date of Birth: January 23 1922

Sex of Child: Female

Father: David A. Gillies (Full Name)

Mother: Margaret E. Miller (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ina Valeir (Child's Name in Full)

Mrs D. A. Gillies (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1495

269-122-073 415

PLACE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
1922
VITAL

CERTIFICATE OF BIRTH

County of Madison
City of Rexburg
No. 317-W-3rd So St.
Hospital

Registration District No. 160 File No. 99451
Primary Registration District No. 2178 Registered No. 20

FULL NAME OF CHILD Lorell Maynard Sorensen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	1-22-1922

What bactericidal solution was used in eyes? 2% Sol Mercury Chrome

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Joseph Orson Sorensen	FULL MAIDEN NAME	Aseneth Davis
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Mechanic	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin St. Rich MD
(Physician or midwife)

Address Rexburg Idaho

Filed 3/6 1922 G. G. Vespe
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

...VERAL REASONS WHY A CERTIFICATE OF BIRTH ...
...ILED FOR EACH CHILD AND THE SAME COMPLETE...

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Rexburg
- Street: 317 West 3 So. St.
- County: Madison

File Number: 99451

Registration Dist. No.:

Sex of Child: Male

Date of Birth: January 22 1922

Father: Joseph Orson Sorensen
Full Name

Mother: Asenath Isabell Davis
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Gareld Maynard Sorensen
Child's Name in Full

Jos. O. Sorensen
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1434

651-121-033-294

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99452

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 19

FULL NAME OF CHILD (Died)
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	1-21-1922

What bactericidal solution was used in eyes? 2% sol mercury chrome

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Austin Le Roy Weaver	FULL MAIDEN NAME	Florence Kidd
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 35 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich

MD
(Physician or midwife)

Address Rexburg Idaho

Filed 3/6 1922 G. Gleske
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH
[illegible]ILD AND THE [illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sugar; Street: ; County: Madison

File Number: 99452

Registration Dist. No.:

Date of Birth: Jan. 21, 1922

Sex of Child: Male

Father: Austin Leroy Weaver (Full Name)

Mother: Florence Kidd (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Baby died unnamed Mar. 22
(Child's Name in Full)

Austin Leroy Weaver
(Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1423

719-220-033-913

PLACE OF BIRTH

County of Madison

City of Sugar R34

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 22

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 99453

Primary Registration District No. 2170 Registered No. 18

FULL NAME OF CHILD Lola Grace Gardner
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	1-20-1922

What bactericidal solution was used in eyes? 2% Sol mercury chrome

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	James Gardner	FULL MAIDEN NAME	Myrtle May Rackham
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Stock Grower	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 35 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin L. Rich

MD
(Physician or midwife)

Address Rexburg Idaho

Filed 3/6 1922 G. G. Espe
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...t this time while many of the Ex-Ser...
to furnish certified copies of certificates of b...th,
t that the certificates be filed with the BUREAU OF VITAL
d the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

BUREAU OF VITAL STATISTICS.

Place of Birth
City ~~Sugar R. Fd #1~~ Teton
Street
County Madison

File Number 99453

Registration Dist. No.

Sex of Child Female

Date of Birth January 20 1922

Father James Gardner
Full Name

Mother Myrtle May Rackham
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Lola Grace Gardner
Child's Name in Full

Myrtle Gardner
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.

1431

134-110-033-134

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. 236 - N - 2nd East St.

Registration District No. 100 File No. 99454

Primary Registration District No. 2178 Registered No. 17

Hospital

FULL NAME OF CHILD Sidney Erwin Aldous

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	1-10-192[illegible]

What bactericidal solution was used in eyes? 2% Sol mercuric chrome

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Sidney Edgar Aldous	FULL MAIDEN NAME	Alice Ethel Aldous
RESIDENCE	Rexburg	RESIDENCE	Rexburg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:10 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louis L. Rich M.D.

(Physician or midwife)

Address Rexburg Idaho

Filed 3/6 192[illegible] G. L. Clarke

Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] the child.

AON PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rexburg

Street: 236 M. - 2nd East

County: Madison

File Number: 99454

Registration Dist. No.:

Date of Birth: Jan 10 1922

Sex of Child: Male

Father: Sidney E. Aldous (Full Name)

Mother: Alice Ethel Aldous (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Sidney Erin Aldous

Child's Name in Full

S. E. Aldous

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is im-

99455

1. PLACE OF BI[redacted]

County of Madison [redacted]LFARE

City of Rexbu[redacted]ICS

No. [redacted]TH

[redacted]le No. 99455

(If born in hospital or institution give name.) Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Jack R. Bigler

3. Sex	If plural births	4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth
Male				Yes	Jan 15, 1922 193 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Roscoe L. Bigler	18. Full maiden name: Elsie Viola Dewsnup
10. Residence (usual place of abode) (If non-resident, give place and State): Rexburg	19. Residence (usual place of abode) (If non-resident, give place and State): Rexburg
11. Color or race: White 12. Age at last birthday: 33 (years)	20. Color or race: White 21. Age at last birthday: 31 (years)
13. Birthplace (city or place) (State or Country): Teton City, Idaho	22. Birthplace (city or place) (State or Country): Deseret, Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Salesman	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Housewife
16. Date (month and year) last engaged in this work ....., 19.... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 5:00 at A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) Lorin E. Rich, M.D. [signature], M. D.

or ....., Midwife

Address Rexburg, Idaho

Filed March 6, 1922, 193 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

cc 4-21-41 hcc

[redacted]

439-205-033-249

PLACE OF BIRTH

County of Madison

City of Archer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

RECEIVED

Registration District No. [illegible]

File No. 99456

Primary Registration District No. 2178

Registered No. 15

FULL NAME OF CHILD Dothell McIntire

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Feb (Month) 5 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	John Arnold McIntire	FULL MAIDEN NAME	Shorlotte Emly Smith
RESIDENCE	Archer	RESIDENCE	Archer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	[illegible] (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Cedar City Utah	BIRTHPLACE	Richmond Utah
OCCUPATION	farmer	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Feb 5 6-32 a. m. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margaret A. Briggs
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Thornton Idaho

Filed 3/6 1922

[signature] Registrar

Registrar

MARGIN RESERVED FOR BIND

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

or

[illegible] compl[illegible]ted by furnishing the n[illegible]

[illegible]E ASSIST BY FURNISHING THE NAME OF YOU[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Thornton

Street: .....

County: Madison

File Number: 99456

Registration Dist. No.: 32

Date of Birth: February 5th 1922

Sex of Child: Female

Father: John A McIntier
Full Name

Mother: Charlottie E Smith
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Dothell McIntier
Child's Name in Full

Charlottie E McIntier
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATIS-

314-123-035-966

PLACE OF BIRTH

Form V. S. No. 11

County of [redacted]

City of [redacted]

Registration District No. 73 File No. 9945

No. ..... St.

Primary Registration District No. 1009 Registered No. 866

Hospital .....

FULL NAME OF CHILD Wayne Howard Carpenter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 23 1922

FATHER	MOTHER
FULL NAME Walter Earl Carpenter	FULL MAIDEN NAME Stella Rowland
RESIDENCE Fort Lapwai	RESIDENCE Fort Lapwai
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Lewiston Ida	BIRTHPLACE Mena, Arkansas
OCCUPATION Ranch laborer	OCCUPATION House wife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 315a m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) L. F. Smith M.D.

(Physician or midwife)

Address Fort Lapwai Idaho

Filed Mar. 10 1922 Susan E. Bruce Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3 1985

263-131-035-219

PLACE OF BIRTH

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. [illegible]

County of Nez Perce

City of Lewiston

No. 1504-Main St.

Hospital White

Registration District No. 96

File No. 99458

Primary Registration District No. 1009

Registered No. 867

FULL NAME OF CHILD Don Bolick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Jan 31, 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Eli Dell Bolick	FULL MAIDEN NAME	Ruby Chloe Sargent
RESIDENCE	Asotin, Wash.	RESIDENCE	Asotin, Wash.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Asotin, Washington	BIRTHPLACE	Asotin, Wash.
OCCUPATION	Farmer	OCCUPATION	House-Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10.30 A.M. on the date above stated.

(Born alive or [illegible])

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. McCleahan

(Physician or [illegible])

Given names added from a supplemental report.

..... 19.....

Registrar

Address Lewiston, Idaho.

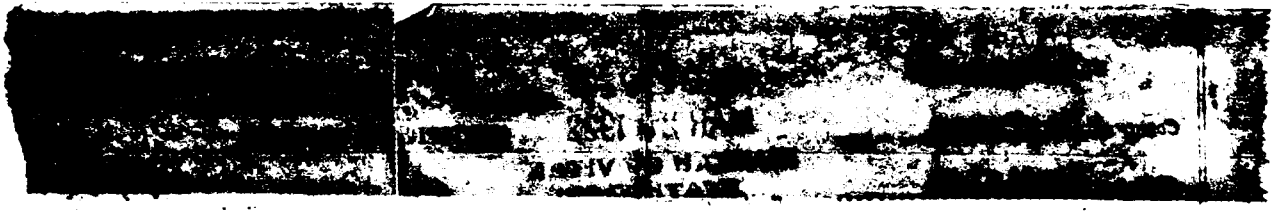
Filed Mar. 10 1922 Susan E. Bruce

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



369-231-035 #33

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nezperce

City of Lewiston

No. ..... St.

Hospital St. Joseph

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C 25m-8-5-17

Registration District No. 96 File No. 99459

Primary Registration District No. 1009 Registered No. 868

FULL NAME OF CHILD Betty Ruth Cormaney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	1 - 31 - 22

FATHER		MOTHER	
FULL NAME	A. J. Cormaney	FULL MAIDEN NAME	Sarah McCarthy
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 6. Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 7:30 A. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan M. D.

(Physician or midwife)

Address Lewiston Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Mar. 10 1922 Susan E. Bruce Registrar

Contents—Merchandise 3rd 4th Class Matter.

Postmaster—May be opened Postal Inspection.

Return Postage Guaranteed.

Postmaster:—If not Delivei in ten days, check reason f non-delivery and return to u Do not return before expiratic of ten days, **regardless of reaso for non-delivery.** See amende Secs. 595 & 637 P. L. & R.

Unclaimed [ ] Refused [ ]
Unknown [ ]

To:

JAN 18 1944

545-102-035-129

PLACE OF BIRTH

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99460

County of Nezperce

City of Lewiston

No. 310 6th St.

Registration District No. 96 File No.

Hospital

Primary Registration District No. 1009 Registered No. 869

FULL NAME OF CHILD Donald Boyd, Emerson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Feb 21 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John W Emerson	FULL MAIDEN NAME	Mabel Akins
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born ~~alive or stillborn~~), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E G Braddock

(Physician ~~or midwife~~)

Address Lewiston Idaho

Filed Mar 10 1922 Susan E Bruce
Registrar.

Give names added from a supplemental report.

, 19

Registrar.

Braddock.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 16 195

789-102-035-966

PLACE OF BIRTH

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99461

County of Nezperce
City of Lewiston
No. 1405 11th Ave
Registration District No. 96
File No.
Hospital
Primary Registration District No. 1009
Registered No. 870

FULL NAME OF CHILD Robert Phillips
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Feb 7 1922

What bacteriolidal solution was used in eyes?

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Wendell Phillips	FULL MAIDEN NAME	Lois Rowley
RESIDENCE	1405-11th Lewiston	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Life Insurance Agent	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 A. M. on the date above stated.

(Signature) C G Braddock

(Physician or midwife)

Address Lewiston, Idaho.

Filed Mar 10 1922 Susan E. Bruce
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

Registrar.

Braddock

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 12 1942

1942

635-102-035-663

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Registration District No. 96 File No. 99462

Hospital St. Joseph Primary Registration District No. 1009 Registered No. 871

FULL NAME OF CHILD Eugene Ignatius Flerchinger
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Feb 7 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Joseph M Flerchinger	FULL MAIDEN NAME	Sophia A Wolf
RESIDENCE	Pierce, Wash.	RESIDENCE	Pierce, Wash.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul D Johnson
(Physician or midwife)

Address Clarkston, Wash.

Filed Mar 10 1922 Susan E. Bruce
Registrar.

Give names added from a supplemental report.

....., 19.....

Johnson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-106-035-592

PLACE OF BIRTH

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. [illegible]

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston Ca

Registration District No. 96

File No. 99463

No. ..... St.

Primary Registration District No. 1009

Registered No. 872

Hospital .....

FULL NAME OF CHILD Wayne LaVerne Chase

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb 6 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charlie Irvin Chase	FULL MAIDEN NAME	Agnes Joanne Eikum
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Genesee Idaho	BIRTHPLACE	Genesee Idaho
OCCUPATION	Gardener	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Clark

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston Ida 193 11 Ave

Filed Mar 10 1922 Susan E. Bruce

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 10 1942

MAY 29 1951

125-207-035-381

PLACE OF BIRTH

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-G—[illegible]

99464

County of Nez Perce

City of Lewiston

No. 0214 24 St.

Registration District No. 96 File No.

Primary Registration District No. 1009 Registered No. 873

Hospital

FULL NAME OF CHILD Betty Maxine Akers

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Feb 7 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hilbert Isaac Akers	FULL MAIDEN NAME	Bertha Aselia Charaldson
RESIDENCE	0214 24th St.	RESIDENCE	0214 24th St.
COLOR	Wht	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Palouse Wash	BIRTHPLACE	Langhei Minn
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. O. Clark

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Lewiston Ida 923 A Ave

19

Filed Mar 10 1922 Susan E. Bruce

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 5 1965

693-107-035-759

PLACE OF BIRTH

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Ft Lapwai

Registration District No. 96 File No. 99465

No. ..... St.

Primary Registration District No. 1009 Registered No. 874

Hospital .....

FULL NAME OF CHILD Charles Edward Williams.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes.	Feb 7th 1922

FATHER		MOTHER	
FULL NAME	William Edgar Williams	FULL MAIDEN NAME	Ruby Gertje
RESIDENCE	Ft Lapwai Ida	RESIDENCE	Ft Lapwai Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Pittsford Mich	COLOR	White
OCCUPATION	Clerk in General Store	AGE AT LAST BIRTHDAY (Years)	24
		BIRTHPLACE	Rosalia Wash
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. F. Smith M.D.

(Physician or Midwife)

Address Ft Lapwai Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

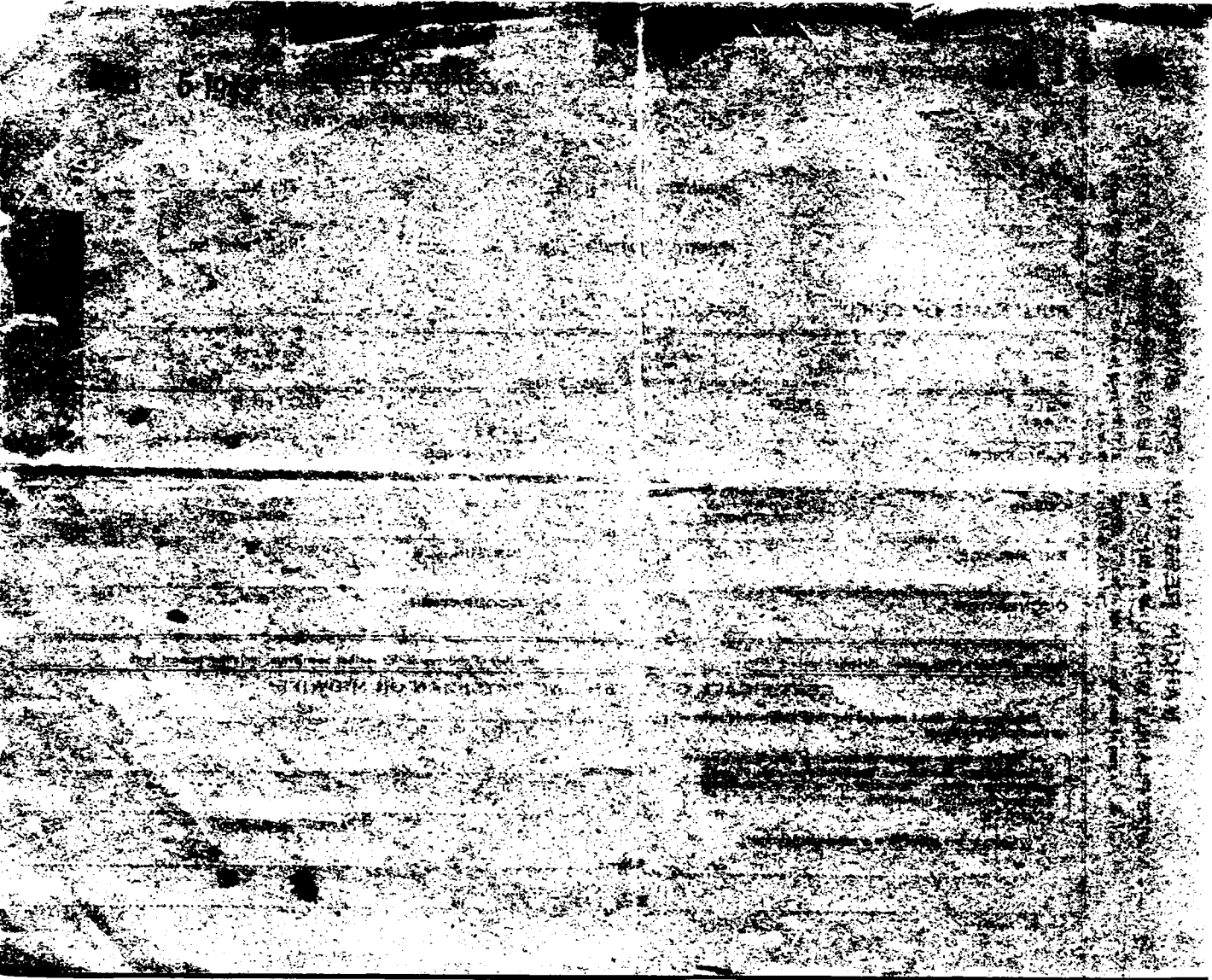
Filed Mar 10 1922 Susan E. Bruce Registrar

S-Y CO. 24696

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



463.208.035 395

PLACE OF BIRTH

RECEIVED
MAR 10 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. ..... St.

Registration District No. 96 File No. 99466

Hospital St Joseph's Primary Registration District No. 1009 Registered No. 875

FULL NAME OF CHILD ELIZABETH BERNICE YOCHUM

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Feb 8 1922

What bacterioidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John C. YOCHUM	FULL MAIDEN NAME	Alvina E. Fiele
RESIDENCE	Peveril Wash.	RESIDENCE	Peveril Wash.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:35 a. M. on the date above stated.

(Signature) Paul W. Johnson

(Physician or midwife)

Address Clarkston, Wash.

Filed Mar. 10 1922 Susan E. Bruce
Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wash. } ss.
County of Asotin }

Certificate No. 99466

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Yockum (Name on Original Certificate) who was born (Was Born or Died) on Feb 8, 1922 (Date of Event)
in Lewiston Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Elizabeth Bernice
Surname	Yockum	Yochum

Subscribed and sworn to before me this 24
day of April A.D. 1943

Notary Public, residing at Clarkston Wash

My commission expires 2-20-1944
(Seal)

Signed John Christian Yochum
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 28 1943

795-109-035-951

PLACE OF BIRTH

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 99467

County of Nez Perce

City of Lewiston Orchards

No. ..... St.

Registration District No. 95 File No. .....

Hospital No. .....

Primary Registration District No. 1009 Registered No. 876

FULL NAME OF CHILD Dale Newell Greeley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Feb. 9 1922

What bactericidal solution was used in eyes? 1% Ag nos sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Newell Greeley	FULL MAIDEN NAME	Nola Read
RESIDENCE	Lewiston Orchards	RESIDENCE	Lewiston Orchard
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Wis.	BIRTHPLACE	Minor.
OCCUPATION	Orchardist	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 5 20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins

(Physician or midwife)

Address Lewiston Idaho

Filed Mar 10 1922 Susan E. Bruce
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-110-035-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAR 20 1922

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston Orchards

No. ..... St.

Registration District No. 95 File No. 99468

Hospital ..... Primary Registration District No. 1009 Registered No. 877

FULL NAME OF CHILD Wayne Harryman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	2-10-1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Charles E. Harryman	FULL MAIDEN NAME	Minnie M. Smith
RESIDENCE	Waha, Idaho	RESIDENCE	Waha, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1:45 a.M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O C Carsson

(Physician ~~or midwife~~)

Address Lewiston, Idaho

Filed Mar 10 1922 Susan E. Bruce
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 4 1974

MAR 17 1942

643-11-035-229

PLACE OF BIRTH

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99470

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St Joseph

Registration District No. 96

Primary Registration District No. 1009

File No. .....

Registered No. 879

FULL NAME OF CHILD Jefferson H Fulton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Feb 11 1922

What bacteriolal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Jefferson H Fulton	FULL MAIDEN NAME	Louise Skinner
RESIDENCE	Asotin, Wash.	RESIDENCE	Asotin, Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	Druggist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) Paul W Benson
(Physician or midwife)

Address Clarkston, Wash

Filed Mar 10 1922 Susan E Bruce
Registrar.

K Johnson

CC 10-28-40 —p

285-211-035-255

Form V. S. No. 11-C—25m-9-8-16

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lapwai Road

Registration District No. 95

File No. 99471

No. ..... St.

Primary Registration District No. 1009

Registered No. 880

Hospital

FULL NAME OF CHILD Virginia June Byers

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Feb 11 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Luke Byers	FULL MAIDEN NAME	Anne Elizabeth Bennett
RESIDENCE	Lapwai Road Lewiston Ida	RESIDENCE	Lapwai Road Lewiston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	59 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Valley Cruz North Car	BIRTHPLACE	Pine Grove Wisconsin
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. O. Clark

physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston Idaho 92311 Ave

Filed Mar 10 1922 Susan E. Bruce

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 5 1975

177-215-035-142

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

RECEIVED JAN 30 1922 VITAL

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1504 Main St.

Registration District No. 96 File No. 99472

Primary Registration District No. 1009 Registered No. 881

Hospital White

FULL NAME OF CHILD Katherine Adair Applyford

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)		Yes	Feb 15 1922

FATHER		MOTHER	
FULL NAME	Edison Jay Applyford	FULL MAIDEN NAME	Gudon May Ausman
RESIDENCE	Asotin Wash	RESIDENCE	Asotin Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Craig Wash	BIRTHPLACE	Asotin Wash
OCCUPATION	Farmer	OCCUPATION	House-Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive [redacted]) at 1 20 A. M. on the date above stated.

(Signature) Edgar T. White

(Physician or Midwife)

Address Lewiston Idaho

Filed Mar 10 1922 Susan E. Bruce

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

193-225-035-945

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ney Perce

City of Lewiston

Registration District No. 96 File No. 99473

No. ..... St.

Primary Registration District No. 1009 Registered No. 882

Hospital

FULL NAME OF CHILD Jane Miller

Sex of Child F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Feb. 25 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clark Miller	FULL MAIDEN NAME	Clara Zimmerman
RESIDENCE	Lewiston Ida - R-2	RESIDENCE	Lewiston Ida - R-2
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Wash.
OCCUPATION	Plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2:30 a M. on the date above stated.

(Born alive or stillborn)

(Signature) J. M. Lyle

Physician

(Physician or midwife)

Address Lewiston Ida

Filed ~~3-2~~ 19 22 Susan E. Bruce

Mar. 10-22

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 14 1941

FEB 19 1974

236-15-035-294

[redacted]

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Nez Perce

City of Fort Lapwai

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99474

Registration District No. 95 File No. _____

Primary Registration District No. 1009 Registered No. 883

FULL NAME OF CHILD Betty Jane Stoneburner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Feb 15 1922

FATHER		MOTHER	
FULL NAME	Otto Worth Stoneburner	FULL MAIDEN NAME	Sophia Simmons
RESIDENCE	Ft Lapwai	RESIDENCE	Ft Lapwai Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Cory Ind	BIRTHPLACE	Fortville Ind
OCCUPATION	School teacher	OCCUPATION	House-wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1115 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. F. Smith M.D.
(Physician or midwife)

Address Ft Lapwai Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Feb 19 22 Susan E. Bruce
Registrar

S-Y CO. 24686

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

6/6/41 L. B.

236-216-635 493

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

County of NezPerce

City of Lewiston, Idaho Registration District No. 96 File No. 99475

No. 1504-main St. Primary Registration District No. 1009 Registered No. 884

Hospital White

FULL NAME OF CHILD Jeanne Stookey

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Feb 16 1922

FATHER	MOTHER
FULL NAME: Gwendolyn Addison Stookey	FULL MAIDEN NAME: Lora Lillian Dick
RESIDENCE: Lewiston, Idaho.	RESIDENCE: Lewiston, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Lewiston, Idaho.	BIRTHPLACE: Chicago, Ill.
OCCUPATION: Merchant	OCCUPATION: House-Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 p.m. on the date above stated.

(Born alive ~~or dead~~)

(Signature) W. F. McMahan

(Physician or ~~Midwife~~) X

Address Lewiston, Idaho.

Filed Mar 10 1922 Fran E Bruce

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 7 1944

147-18-035 255

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAR 20 1922

County of Nez Perce
City of Lewiston
No. 1504 Main St.
Hospital White
Registration District No. 96
Primary Registration District No. 1009
File No. 99476
Registered No. 885

FULL NAME OF CHILD Samuel Bennett Auger
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Feb 18 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Beckman Auger	FULL MAIDEN NAME	Clara Estella Bennett
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Sioux Rapids Iowa
OCCUPATION	Attorney	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.30 a M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Clark
Physician
(Physician or midwife)
Address Lewiston Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Mar 10 1922 Susan E. Bruce
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of multiple births a separate return must be made for each child, and the number of each, in order of birth stated.

FEB 27 1945

FEB 19 1944

JUL 28 1942

695-118-035-154

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 29 1922
BUREAU

CERTIFICATE OF BIRTH

99477

County of Nezperce
City of Lewiston
No. 1303 - 11th Ave
Registration District No. 96
File No.
Hospital
Primary Registration District No. 1009
Registered No. 886

FULL NAME OF CHILD Elmer Clinton Freud.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Feb 18 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Charles E Freud	FULL MAIDEN NAME	Anna W Andersson
RESIDENCE	1303 - 11th Ave Lewiston	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Lumber Merchant.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was white (Born alive or stillborn) at 11:45 P. M. on the date above stated.

(Signature) John N Alley
(Physician or midwife)

Address Lewiston Idaho

Filed Mar 10 1922 Susan E Brue
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

Alley
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 14 1948

994-219-035-599

PLACE OF BIRTH

RECEIVED MAR 10 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99478

County of Nezperce

City of Lewiston

No. ____ St.

Hospital St Joseph's

Registration District No. 96 File No. ____

Primary Registration District No. 1009 Registered No. 887

FULL NAME OF CHILD Marcia Zimmerman

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	Twin	1	yes	Feb 19 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Cyrus R Zimmerman	FULL MAIDEN NAME	Emma Ericson
RESIDENCE	Lewiston Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	North Dakota
OCCUPATION	Farm Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson

(Physician or ~~midwife~~)

Address Clarkston Wash.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Mar 10 1922 Susan E. Bruce
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

J Johnson.

994-219-035-599

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ~~St~~ St.

Registration District No. 96 File No. 99479

Hospital St. Joseph's Primary Registration District No. 1009 Registered No. 888

FULL NAME OF CHILD Marcella Zimmerman
(Certificate of no value without full name of child.)

Sex of Child	Twin, triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
~~Male~~ Female		2	yes	Dec 19 1921

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME Peter A Zimmerman	FULL MAIDEN NAME Emma Ericson
RESIDENCE Spalding Idaho	RESIDENCE Same
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE North Dakota
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6:48 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul M Johnson
(Physician ~~or midwife~~)

Address Clarkston, Wn

Give names added from a supplemental report.

....., 19.....

Filed Mar 10 1922 Susan E Bruce
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

736-119-035-76 3

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce
City of Lewiston
No. 127 Snake River Ave. Registration District No. 96 File No. 99480
Hospital Nr Primary Registration District No. 1009 Registered No. 889

FULL NAME OF CHILD Donald Adair Bloch
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Son			yes	Feb 19 1922

What bactericidal solution was used in eyes? 1% Cr Ag NO3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Ray C. Bloch	Clara Potts
RESIDENCE	Cayuse Wash	Cayuse, Wash
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE	Cayuse, Wash	Mich
OCCUPATION	Barber	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 P. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O J Perkins
(Physician or ~~midwife~~)

Address Lewiston Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Mar 14 1922 Susan E Bruce
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

763-121-035-613

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED ... 1922 ... TAL

County of Nezperce

City of Lewiston

No. 27th St.

Hospital

Registration District No. 96 File No. 99481

Primary Registration District No. 1009 Registered No. 890

FULL NAME OF CHILD LeRoy Bert Goltz
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Feb 21 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	A. G. Goltz	FULL MAIDEN NAME	Olive A. Oats
RESIDENCE	27th St - Lewiston	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	Tavoner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Alley
(Physician or midwife)

Address Lewiston, Ida

Filed Mar 10 1922 Susan E. Bruce
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

Alley

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

[illegible]ified copies of certificates

[illegible]rtificates be fil[illegible]

[illegible]e completed by f[illegible]

[illegible]E ASSIST BY F OF [illegible]

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Lewiston

Street: 27th & 1st

County: Nez Perce

File Number: 99481

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Feb 21 1922

Father: Alfred G. Galt (Full Name)

Mother: Alline R. Betts (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Le-Roy Bert Galt
Child's Name in Full

A. G. Galt
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.

466-122-035-857

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99482

County of Nezperce
City of Lewiston
No. ..... St.
Hospital St Josephs

RECEIVED ... 1922 ... VITAL

Registration District No. 96 File No. .....
Primary Registration District No. 1009 Registered No. 891

FULL NAME OF CHILD George Milton Moore
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Feb 22 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John S. Moore	FULL MAIDEN NAME	Julia M Hepton
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Washington
OCCUPATION	Dairyman	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Johnson
(Physician or ~~midwife~~)

Address Clarkston Wash.

Give names added from a supplemental report.

....., 19....

Johnson Registrar.

Filed Mar 10 1922 Susan E Bruce
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295·123·035-667

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99483

RECEIVED MAR 29 1922

County of Nezperce
City of Lewiston
No. ..... St.
Hospital St Josephs
Registration District No. 96
Primary Registration District No. 1009
File No. .....
Registered No. 892

FULL NAME OF CHILD Vincent King
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Feb 28 1922

What bacteriecidal solution was used in eyes? .....

Number of child of this mother, including present birth 9th
Number of child of this mother now living, including present birth 8th

FATHER		MOTHER	
FULL NAME	Ben King	FULL MAIDEN NAME	Anna Fox
RESIDENCE	Lapwai	RESIDENCE	Lapwai
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John D Alley
(Physician ~~or midwife~~)

Address Lewiston Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Mar 10 1922 Susan E Bruce
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

342-223-035-342

PLACE OF BIRTH

RECEIVED
MAR 20 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 99484

County of Nezperce

City of Lewiston

No. ..... St.

Hospital St. Josephs

Registration District No. 96 File No. .....

Primary Registration District No. 1009 Registered No. 693

FULL NAME OF CHILD Evelyn Eleanor Lukens
Evelind Elinor Lukens
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Feb 23 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Thomas C Lukins	FULL MAIDEN NAME Elinor Lukins
RESIDENCE 2010 - 10th ave.	RESIDENCE 2010 - 10th ave.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Washington
OCCUPATION mail carrier	OCCUPATION housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John A. Alley
(Physician or midwife)

Address Lewiston Idaho

Filed Mar 10 1922 Susan E. Bruce
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APPLICATION FOR A BIRTH CERTIFICATE

JUL 3 1974 Address correspondence and make money order payable to
BUREAU OF VITAL STATISTICS
Department of Public Health
Boise, Idaho

To avoid errors and unnecessary delays, use typewriter:

Full name of child Evelyn Eleanor Lukens

City and county of birth Lewiston - Nez Perce Co

Date of birth February 23 - 1922

Name of father Thomas Cleland Lukens

Maiden name of mother Elsie Ambra Carter

Name of attending physician or midwife Dr J. N. Alley

Person making request Mrs. Thos. C. Lukens

Present P.O. address 1413 - 13th Ave Lewiston, Idaho

Certified copies are 50¢ each, payable by money order in advance.
NO copies made C O D or without remittance in hand.

VS 34 THIS IS NOT A BIRTH CERTIFICATE

Sworn & subscribed to before
me this 29th day of Nov, 1948

DEC 2 1948

Lloyd L. Leffler
Notary Public
My Com. Expires
12/17/50

463-123-0-35-386

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce
City of Lewiston
No. 1607 - 18th ave

Registration District No. 96 File No. 99485
Primary Registration District No. 1009 Registered No. 894
Hospital

FULL NAME OF CHILD FREDRIC ARMAND Dale
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Feb 23 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 4th Number of child of this mother now living, including present birth 4th

FATHER		MOTHER	
FULL NAME	Ernest a Dale	FULL MAIDEN NAME	Helen Thomas
RESIDENCE	1607 - 18th ave.	RESIDENCE	1607 - 18th ave.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Wisconsin	BIRTHPLACE	Missouri
OCCUPATION	Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]
(Physician or ~~midwife~~)
Address Clarkston Wash.

Give names added from a supplemental report.

....., 19.....

Johnson Registrar.

Filed Mar 10 1922 Susan E. Bruce Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 22 1942

MAY 29 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce

Certificate No. 99485

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Frederick Dole (Name on Original Certificate) who born (Was Born or Died) on Feb.23rd, 1922 (Date of Event) in Lewiston (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on Feb.23rd, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Frederick	Fredric Armand Dole

Subscribed and sworn to before me this 12th day of June, 1942

Fred D. Wooster

Notary Public, residing at Lewiston, Idaho

My commission expires Dec.18th, 1942
(Seal)

Signed Helen Thomas Dole (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lewiston, -RFD#2 Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of June, 1942

Fred D. Wooster

Notary Public, residing at Lewiston

My commission expires Dec.18th, 1942
(Seal)

Signed Helen Dole Muscat
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 16 1942

JUN 1 8 1942

JAN 2 1 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C

City of Lewiston

Registration District No. 96

File No. 99486

No. 1504 Main St.

Primary Registration District No. 1009

Registered No. 895

Hospital White

FULL NAME OF CHILD Dee C. Thiessen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Feb 27 1922

FATHER

FULL NAME Johnnym Sidney S. Thiessen

RESIDENCE Waha, Ida

COLOR White

AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Bessie Slusser

RESIDENCE Waha, Ida

COLOR White

AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Kansas

OCCUPATION House-Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive/Stillborn) on the date above stated. at 10.30 AM

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White

Lewiston Ida

(Physician or midwife)

Given names added from a supplemental report.

.....19.....

.....
Registrar

Address .....

Filed Mar 10 1922 Susan E. Bruce
Registrar

NOV 15 1943

719-128-235-244

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 10 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH 99487

County of Nez Perce
City of Lewiston
No. 0134-8th St.
Hospital

Registration District No. 96 File No.
Primary Registration District No. 1009 Registered No. 896

FULL NAME OF CHILD Eugene Francis Paris
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Feb 28 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Everett C. Paris	FULL MAIDEN NAME	Marie Bumpas
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Kentucky	BIRTHPLACE	Washington
OCCUPATION	Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~born alive or stillborn~~, at 1:A.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) O. C. Carson
(Physician or midwife)

Address Lewiston Idaho.

Filed Mar 10 1922 Susan E Bruce
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 11 1942

FEB 18 2005

433-109-035-964

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1504 - Main St.

Hospital White

Registration District No. 96

File No. 99488

Primary Registration District No. 1009

Registered No. 897

FULL NAME OF CHILD John Leydon McCormack

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Feb 9 1922

FATHER		MOTHER	
FULL NAME	Robert Leslie McCormack	FULL MAIDEN NAME	Ira Mary Rouse
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Nebr
OCCUPATION	Farmer	OCCUPATION	House-Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or [redacted]) at 1 A.M. on the date above stated.

(Signature) Edgar L. White M.D.

(Physician or [redacted])

Address Lewiston - Idaho

Filed Mar 10 1922 Susan E. Bruce

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

K ..... 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 28 1950

168-202-036-345

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Woodruff

Registration District No. 26 File No. 99496

No. ..... St.

Primary Registration District No. 2069 Registered No. 4

Hospital .....

FULL NAME OF CHILD Verna Emma John

Sex of Child female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Jan 2 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Brigh. H. John	FULL MAIDEN NAME	Letha J. Sandon
RESIDENCE	Portage, Utah	RESIDENCE	Portage, Utah
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Mauer M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad, Idaho

Filed Mar 2 1922

R. T. Mauer M. D.
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
APR 15 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Apl. 7-22 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Tooele Utah

Place of Birth — Street:

Place of Birth — County: Box Elder

File Number: 99496

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Jan 2 1922

Father: Brigham H. John (Full Name)

Mother: Letha Jane Landon (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Verna Emma John

Child's Name in Full

Letha J. John

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

699-103-036-255

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED MAR 2 ... BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 99497

No. ..... St.

Primary Registration District No. 2064 Registered No. 1

Hospital

FULL NAME OF CHILD David F. Wright

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Jan 3 (Month) (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Lyman A Wright	FULL MAIDEN NAME	Mary E Bennett
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6.30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Registrar

Filed Mar 2 1922

R H Haver Mark
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 19 1942

685-104-036 + 33

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Oneida

City of Stone

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

REC... MA... BUREAU

Registration District No. 24 File No. 99498

Primary Registration District No. 2069 Registered No. 8

FULL NAME OF CHILD Richard Allen Wheeler

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Jan 4 1922

FATHER		MOTHER	
FULL NAME	Nathan Andrew Wheeler	FULL MAIDEN NAME	Sarah Lilly Allen
RESIDENCE	Stone Idaho	RESIDENCE	Stone Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Fielding Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, (Born alive or stillborn) at 7 45 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Wardlaughmore

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19

Address Snowville Utah

Filed Mar 2 1922

R T Maurer MC
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Apr. 7-23 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Delmore Idaho

Street:

County: Oneida

File Number: 99498

Registration Dist. No.:

Date of Birth: 4 of Jan. 1923

Sex of Child: Male

Father: Nathan A. Wheeler (Full Name)

Mother: Sarah J. Allen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Richard Allen Wheeler (Child's Name in Full)

N. A. Wheeler Sarah Wheeler (Signature of Father or Mother)

MAR 6 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

386-204-036-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Registration District No. 24

Primary Registration District No. 2069

File No. 99499

Registered No. 9

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl			1	Yes	1 (Month) 4 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lenard Thomas	FULL MAIDEN NAME	Elva Hardy
RESIDENCE	Malad Idaho	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Malad Idaho	BIRTHPLACE	Mery Vills Idaho
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Jan 4 - at 8-20 (Born alive or stillborn), at a m M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah A Hughes

midwife (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address Malad, Idaho

Filed Mar 2 1922 R T Maier M.D. Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, Apr. 7-22 ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City ..... Street ..... County .....

File Number 99499

Registration Dist. No. .....

Sex of Child Female

Date of Birth ..... 192....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

Returned

.....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

265-205-036-154

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Oneida

City of Malad

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 99500

Primary Registration District No. 2069 Registered No. 10

FULL NAME OF CHILD VALOIS ISABELL SWENSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan 5 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Orson J Swenson	FULL MAIDEN NAME	Bella M Andrews
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Registrar

Filed Mar 2 1922

R T Maurer M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 25 1943

OCT 16 1944

255-108-036-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of St. John.

No. ..... St.

Hospital .....

REC... MAR 2 BOR...

Registration District No. 26 File No. 99501

Primary Registration District No. 2069 Registered No. 11

FULL NAME OF CHILD HENRY CLARENCE KENT

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Jan (Month) 8 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Henry O. Kent	FULL MAIDEN NAME	Flora Burnham
RESIDENCE	St. John, Idaho	RESIDENCE	St. John, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Mauer

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad, Idaho

Filed Mar 2 1922 R. T. Mauer M.D.
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 13 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Oneida

Certificate No. 99501

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Henry Clarence Kent (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Jan 8, 1922 (DATE OF EVENT)
in Malad, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Church record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
unnamed	-- -- --	Henry Clarence Kent

Subscribed and sworn to before me this 12
day of January, 1942.

J E Ray
Notary Public, residing at Malad Idaho

My commission expires Jany 20 1943
(SEAL)

Signed Elora B Kent
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)

Malad Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Oneida

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12
day of January, 1942.

J E Ray
Notary Public, residing at Malad Idaho

My commission expires Jany 20 1943
(SEAL)

Signed Henry O Kent
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Malad Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 13 1942 By
(REGISTRAR'S SIGNATURE)

433-111-076-557

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
MAR 30 1922
BUREAU

County of Oneida

City of Malad

No. ____ St.

Hospital ____

Registration District No. 26 File No. 99502

Primary Registration District No. 2069 Registered No. 12

FULL NAME OF CHILD Walter Evan McClung

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 11 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter McClung	Rachel Evans
RESIDENCE	Malad Idaho	Malad Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	18	22
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Common laborer	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) R. T. Mauer M.D.

(Physician or midwife)

Address Malad Idaho.

Filed Mar 2 1922

R. T. Mauer M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED MAR 14 1922 VITAL STATISTICS

Boise, Idaho, Apr. 7-22 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad City; Street: ; County: Oneida

File Number 99502

Registration Dist. No. 1

Date of Birth January 11 1922

Sex of Child: Male

Father: James Walter McClurg (Full Name)

Mother: Miss Rachel Evans (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Walter Evan McClurg (Child's Name in Full)

Mrs. Walter McClurg (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

845-214-036-713

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 26 1922
STATE

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 24

File No. 99503

No. ..... St.

Primary Registration District No. 2064

Registered No. 13

Hospital .....

FULL NAME OF CHILD Lela Hunsaker

Sex of Child Female

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth Jan 14 (Month) (Day) 1922 (Year)

FATHER

FULL NAME Robert J Hunsaker

RESIDENCE Malad

COLOR White

AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Utah

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Maria Palmer

RESIDENCE Malad

COLOR White

AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Malad

OCCUPATION Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12:15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J Alton

Physician

(Physician or Midwife)

Address Malad

Filed Mar 2 1922 [illegible] M.D. Registrar

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: W. Walad

Place of Birth — Street:

Place of Birth — County: Oneida

File Number: 99503

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Jan. 14 1928

Father: Robert Jas. Hunsaker (Full Name)

Mother: Maria Palmer Hunsaker (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lela W. Hunsaker
Child's Name in Full

Maria P. Hunsaker
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING OUR NAME OF YOUR CHILD

893 114-036-663

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

RECEI
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Registration District No. 26 File No. 99504

Primary Registration District No. 2069 Registered No. 14

FULL NAME OF CHILD David Junior Hill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 14 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David M Hill	FULL MAIDEN NAME	Charity L Wolverton
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Malad	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Alton

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed Mar 2 19....

R. H. Maurer M.D.

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Apr. 7-22 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: St. John

Street: .....

County: Oneida Co.

File Number: 99504

Registration Dist. No. .....

Date of Birth: Jan. 14 192 2

Sex of Child: Male

Father: David Hill
Full Name

Mother: Charity Lucina (
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

David Junior Hill
Child's Name in Full

Mrs. Charity Lucina H
Signature of Father or Mother

DEC 21 1964

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

168-115-036-386

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 99505

Primary Registration District No. 2064 Registered No. 15

FULL NAME OF CHILD .....

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Jan 15 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Nephi John	FULL MAIDEN NAME	Mary M. Thomas
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Malad
OCCUPATION	Common Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alton (Born alive or stillborn), at 11:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Filed Mar 2 1922 R T Maurer Mal

Registrar

Registrar

419-118-036-469

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECD MAR 2 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Registration District No. 24 File No. 99506

Primary Registration District No. 2069 Registered No. 16

FULL NAME OF CHILD Charles Lawrence Marston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Jan 18 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Al. Marston	Harriet Morgan
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	26
BIRTHPLACE	Idaho.	Utah
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. (Born alive or stillborn) at 5:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

(Signature) R. T. Mauer M. D.

(Physician or midwife)

Address Malad, Idaho.

Filed Mar 2 1922 R. T. Mauer M.D. Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
1922
VITAL

Boise, Idaho, Apr. 7-22 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad

Place of Birth — Street:

Place of Birth — County: Oneida

File Number: 99506

Registration Dist. No.:

Date of Birth: 18th Jan. 192 2

Sex of Child: Male

Father: Alvin W. Marston (Full Name) Mother: Harriet Morgan (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Charles Lawrence Marston
Child's Name in Full

Alvin Marston
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

413.119.036-557

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED MAR 20 19

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 99507

No. ..... St.

Primary Registration District No. 2069 Registered No. 17

Hospital .....

FULL NAME OF CHILD BEN DALTON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Jan 19 22

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Evan Dalton	Jane Evans
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	37
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive., at 4 a. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) R. T. Mauer
M. D
(Physician or midwife)

Address Malad

Filed Mar 6 1922 R. T. Mauer M. D
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wash } ss.
County of King }

OCT 20 1941

Certificate No. 99507

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Ben Dalton (Birth or death) for Birth certificate (Name on original certificate) who born (Was born or died) on January 19th 1942 (Date of event) in Malad City Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Sworn byfadvit (Bible record, insurance policy, etc.) prepared on Oct. 14, 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	~~Benjamin~~ Dalton
		Ben Dalton

Subscribed and sworn to before me this 14th day of October, 1941

E. Nash
Notary Public, residing at South Bend
My commission expires Feb 9-1945
[SEAL]

Signed Evan Dalton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
South Bend Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash } ss.
County of King }

[This affidavit MUST also be executed. (See Chapter 189, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14
day of October, 1941

E. Nash
Notary Public, residing at South Bend
My commission expires Feb 9-1945
[SEAL]

Signed ~~Ben~~ Ed Hamilton
(Signature of any credible person other than the previous affiant.)
14905 Ambaldon R.D
(Street Address, City, State)
Seattle wash.

Received for filing on ..... By .....
(Registrar's signature)

271-119-036-157

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No.

Hospital

Registration District No. 26 File No. 99508

Primary Registration District No. 2069 Registered No. 18

FULL NAME OF CHILD John Percy Sparks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Jan 19 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lester T Sparks	FULL MAIDEN NAME	Nettie Angle
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	West Va.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Mauer

M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Malad

Filed Mar 4 1922

R T Mauer M.D.
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Apr. 7-22 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad

Street:

County: Oneida

File Number: 99508

Registration Dist. No.:

Date of Birth: January 19 1922

Sex of Child: Male

Father: Lester Trevor Sparks (Full Name) Mother: Nettie May Angle (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

John Percy Sparks
Child's Name in Full

Mr. Lester Trevor Sp
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com- to furnish certified copies of certificates of birth, it is im- t that the certificates be filed with the BUREAU OF VITAL STATIS- nd the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

751-223-036-316

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED MAR 2 1922

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 99509

No. ..... St.

Primary Registration District No. 2069 Registered No. 19

Hospital .....

FULL NAME OF CHILD Alice Jane Pearson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Jan 23 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Neils A Pearson	FULL MAIDEN NAME	Matilda M Laws
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Common Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7:45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed Mar 6 1922

R T Maner M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, Apr. 7-22 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad

Street:

County: Oneida

File Number: 99509

Registration Dist. No.:

Date of Birth: Jan 23 192 2

Sex of Child: Female

Father: Niels Abner Pearson (Full Name)

Mother: Matilda May Laws (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Alice Jane Pearson (Child's Name in Full)

Mrs. Niels A. Pearson (Signature of Father or Mother)

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

264-227-036-419

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Malad

No. ..... St.

Hospital .....

RECEIVED MAR [illegible] STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 99511

Primary Registration District No. 2069 Registered No. 21

FULL NAME OF CHILD ARTHELL SOUTH

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	January 27 1922

	FATHER	MOTHER
FULL NAME	Howard South	Ina E Martin
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	31
BIRTHPLACE	N C	N C
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1:45 P. M. on the date above stated.

(Signature) J F Alton

Physician

(Physician or midwife)

Address Malad

Filed March 6 1922 R M Mann M.D Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Cache }

Certificate No. 99511

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Arthell South (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on January 27, 1922 (DATE OF EVENT)
in Malad, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on January 27, 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Arthell South

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at Logan, Utah

My commission expires
(SEAL)

Signed Grace South
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

271 West Center, Logan, Utah
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at Logan, Utah

My commission expires 2/25/46
(SEAL)

Signed Ira Merrick
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

454 West 2nd North, Logan, Ut
(STREET ADDRESS, CITY, STATE)

Received for filing on APR 23 1946 By
(REGISTRAR'S SIGNATURE)

APR 24 1942

693-128-036-533

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 99512

Primary Registration District No. 2064 Registered No. 22

FULL NAME OF CHILD Clarence Dick Wilson

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Jan 28 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clarence M Wilson	FULL MAIDEN NAME	Ruth J Elcock
RESIDENCE	Utah	RESIDENCE	Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Malad

Filed Mar 6 1922

R M Mann M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued 12-18-1940 D.P.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Apr. 7. 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad

Street:

County: Oneida

File Number: 99512

Registration Dist. No.:

Date of Birth: January 28 192...

Sex of Child: male

Father: Clarence Merland Wilson (Full Name) Mother: Ruth Jane Elcock (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Clarence Dick Wilson
Child's Name in Full

Mrs. Clarence Wilson
Signature of Father or Mother

APR 2 - 1924

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

735-128-036-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 99513

Primary Registration District No. 2069 Registered No. 23

FULL NAME OF CHILD Wilford Ralph Gleed

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Jan 28 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wilford Gleed	FULL MAIDEN NAME	Agnes Williams
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7:15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Alton

Physician

(Physician or midwife)

Malad

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed Mar 6 1922

R. T. Maner M.D.

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
MAY 8 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Apr. 7-22 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Malad Ida.
- Street: .....
- County: Oneida

File Number: 99513

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Jan 28 1922

Father: Wilford Gleed
Full Name

Mother: Agnes Williams
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Wilford Ralph Gleed
Child's Name in Full

Agnes Gleed
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

314-230-036-795

Form V. S. No. [illegible]-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAR [illegible] 1922
STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 99514

No. ..... St.

Primary Registration District No. 2069 Registered No. 24

Hospital .....

FULL NAME OF CHILD Neath Camp

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan 30 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alvin N Camp	FULL MAIDEN NAME	Margaret Pierce
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child who was Alton (Born alive or stillborn), at 5:15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Filed March 1922

R J Maher M.D.
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

TRUSTS OF PUBLIC [illegible]ARE

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Feb. 7-32 192

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad City

Place of Birth — Street:

Place of Birth — County: Oneida Co.

File Number: 99514

Registration Dist. No.:

Sex of Child: Female

Date of Birth: January 30 192 2

Father: Calvin Monroe Camp
Full Name

Mother: Margaret Pierce
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Heath Camp
Child's Name in Full

Margaret Pierce Camp
Signature of Father or Mother

APR 16 194

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

1944 MAR 6

Birth registration is part of every child's birthright.

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It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

165-210-036-443

Form V. S. No. 11-C—25m-7-21-19

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ouida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 99515

Primary Registration District No. 2069 Registered No. 25

FULL NAME OF CHILD Laurene Jones

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth 1 (Month) 10 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Jerry Jones Jr.	FULL MAIDEN NAME	Alice Mullen
RESIDENCE	Malad Ida.	RESIDENCE	Malad Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Samaria Ida.	BIRTHPLACE	Butte Montana
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns.

M. D.

(Physician or midwife)

Given names added from a supplemental report.

M. 19

Address Malad Ida

Filed Mar 15 1922 R. T. Maner M.D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Apr. 7-22 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad; Street: R.F.D #4; County: Oneida

File Number: 99515

Registration Dist. No.:

Sex of Child: Female

Date of Birth: January 10 192 2

Father: Jerry M. Jones (Full Name)

Mother: Alice Mullen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lurene Jones
Child's Name in Full

Mrs Jerry M Jones
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

213-206-036-235

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad St.

Registration District No. 24 File No. 99516

No. ..... St.

Primary Registration District No. 2069 Registered No. 24

Hospital .....

FULL NAME OF CHILD Frances Annette Bates

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female			Yes	Feby	6	22

	FATHER	MOTHER
FULL NAME	Frank C Bates	FULL MAIDEN NAME Inez J VanSleeter
RESIDENCE	Malad	RESIDENCE Malad
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Washington D C	BIRTHPLACE Utah
OCCUPATION	Handling Grain	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12:45 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J Elton

Physician

(Physician or midwife)

Address Malad

Filed Mar 15 1922 R M Turner M.D Registrar

MAY 1 2 1942

NOV 1 1965

749-102-036-133

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Waddups

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 99517

Primary Registration District No. 2069 Registered No. 21

FULL NAME OF CHILD Keith Allen Gunn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb 2 22

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. W. Gunn	Rae Allen
RESIDENCE	Portage U.	Portage, U.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:30 a. m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

.....
Registrar

(Signature) R. T. Mauer

M. D.
(Physician or midwife)

Address Malad, Idaho

Filed Mar 15 19 22

R. T. Mauer M.D.
Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Apr. 7-22 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Portage Utah

Street:

County: Box Elder Co.

File Number: 99517

Registration Dist. No.:

Sex of Child: male Male

Date of Birth: Feb 2 192 2

Father: John William Lunt (Full Name)

Mother: Rachel Margret Hall (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Keith Glan Lunt
Child's Name in Full

Rachel Margret Hall
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

763-106-036-864

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 99518

Primary Registration District No. 2069 Registered No. 28

FULL NAME OF CHILD James Richard Potter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	2 (Month) - 6 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	John Potter	FULL MAIDEN NAME	Mary T. Young.
RESIDENCE	Malad Ida.	RESIDENCE	Malad Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	West Weber Utah	BIRTHPLACE	England.
OCCUPATION	Farmer.	OCCUPATION	House Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns.

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Ida

Filed Mar 15 1922 R M Maner M.D

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
AUG 3 1922
BUREAU
STATE

Boise, Idaho, Apr. 7-22 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Malad Oneida Co. Idaho
- Street: .....
- County: .....

File Number: 99518

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Feb 6 1922

Father: John Potter
Full Name

Mother: Mary Tate Young
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

James Richard Potter
Child's Name in Full

John Potter
Signature of Father or Mother

SEP 12 1966

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

128-107-036-165

Form [illegible] S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Oneida

City of Malad

Registration District No. 24 File No. ~~99519~~ 99519

No. ..... St.

Amended 4/18/79

Hospital .....

Primary Registration District No. 2069 Registered No. 29

FULL NAME OF CHILD Robert Lynn Ashton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feby 7 1922

FATHER		MOTHER	
FULL NAME	John T Ashton	FULL MAIDEN NAME	Mary Jones
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Malad
OCCUPATION	Common Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Registrar

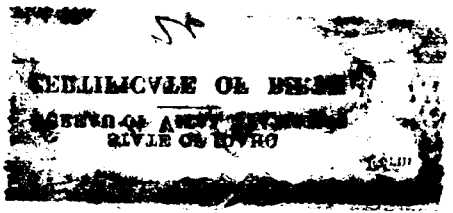
Filed Mar 15 1922 R T Maries MD

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 10 2 54 PM '79

State of _____ } ss.
County of _____ }

Certificate No. 99519
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed male Ashton (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb. 7, 1922 (Date of Event)
in Malad, ID (Jneida) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Robert Lynn Ashton

Subscribed and sworn to before me this 18th day of April, 1979.
Notary Public, Thelma D. Adams
Residing at Boise, Idaho
My commission expires 8-28-79
(Seal)

Vera J. Miller
Signature of Applicant
662 S. Hilton Boise, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

4/6/79

Entry in Family Bible which is obviously old lists Robert Lynn Ashton born 2/7/22 in Malad, Idaho. viewed by V.S.

APR 18 1979

Discharge papers issued by the Army of the United States gives name of soldier as Robert L. Ashton. viewed by V.S. (Discharge dated 12/12/45)

864-107-036-397

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 99520

Primary Registration District No. 2069 Registered No. 30

FULL NAME OF CHILD GUY WAID YOUNG

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	2 / 7 / 1922

FATHER		MOTHER	
FULL NAME	Verl W. Young	FULL MAIDEN NAME	Edyth Tippets
RESIDENCE	Malad Ida.	RESIDENCE	Malad Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Inka Ill.	BIRTHPLACE	Preston Ida.
OCCUPATION	Operator R.R.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7:a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Ida

Registrar

Filed Mar 15 1922 R.M. Anderson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO SEP 8 1942
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 99520

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Guy Waid Young

Subscribed and sworn to before me this 5TH day of SEPTEMBER 1942

L. Ivan Jensen
Notary Public, residing at Shelley, Ida.
My commission expires June 16, 1943.
(Seal)

Signed Verle V. Young
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)
Shelley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, ~~1937~~ Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5TH day of SEPTEMBER 1942

L. Ivan Jensen
Notary Public, residing at Shelley Idaho
My commission expires June 16 1943.
(Seal)

Signed R. Fryling
(Signature of Any Credible Person Other Than Previous Year)
Center st Shelley Idaho
(Street Address, City, State)

APR 3 1944

SEP 1 1942

414-107-036-331

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Ariada

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99521

Registration District No. 24 File No. .....

Primary Registration District No. 2069 Registered No. 31

FULL NAME OF CHILD Grant Arlo Madson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes.	2 - 7 - 1922

FATHER		MOTHER	
FULL NAME	John Madson	FULL MAIDEN NAME	Ann A. Clark
RESIDENCE	Malad Ida.	RESIDENCE	Malad Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Salem Utah	BIRTHPLACE	Malad. Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kinney M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Ida.

Filed Mar 15 1922 R T Mauer M.D.
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Certified Copy issued Feb 3, 1941. E.W.

RECEIVED
APR 14 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Via Malad

Street:

County:

File Number: 99521

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Feb 7 192[illegible]

Father: [illegible] (Full Name)

Mother: Annie A. [illegible] Clark (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Grant Arlo [illegible]

Child's Name in Full

[illegible]

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

693-209-036-819

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... *St.*

Hospital .....

Registration District No. 24 **File No.** 99522

Primary Registration District No. 2064 **Registered No.** 32

FULL NAME OF CHILD Mary Emma Williams

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl			6	Yes	2 (Month) 7 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur T. Williams	FULL MAIDEN NAME	Nora Harrison
RESIDENCE	Malad City	RESIDENCE	Malad Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Malad Idaho	BIRTHPLACE	Washakee Utah
OCCUPATION	Labarer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah A Hughes
midwife.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad City Idaho

Filed Mar 6 1922 R. P. Maner M.D.
Registrar

S-Y-CO 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

RECEIVED
APR 10 1922
VITAL
STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Apr. 7-22 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad

Street:

County: Oneida

File Number: 99522

Registration Dist. No.: 1

Sex of Child: Female

Date of Birth: Feb. 9 192 2

Father: Arthur Thompson Williams (Full Name) Mother: Nora Harrison (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mary Emma Williams
Child's Name in Full

Mrs. Arthur T. Williams
Signature of Father or Mother

NOV 1 5 1972

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

795-110-036-551

PLACE OF BIRTH

AMENDED - MAY 2, 1949

County of Oneida

City of Malad

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 99523

Primary Registration District No. 2069 Registered No. 33

FULL NAME OF CHILD John GREEN
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 10 1922

What bacteriocidal solution was used in eyes? ____

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Bert Green	FULL MAIDEN NAME	Edna Evans
RESIDENCE	Malad, Idaho	RESIDENCE	Malad, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Malad, Idaho	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:45 P. M. on the date above stated.

(Signature) J. Alton

Physician
(Physician or midwife)

Address Malad, Idaho

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

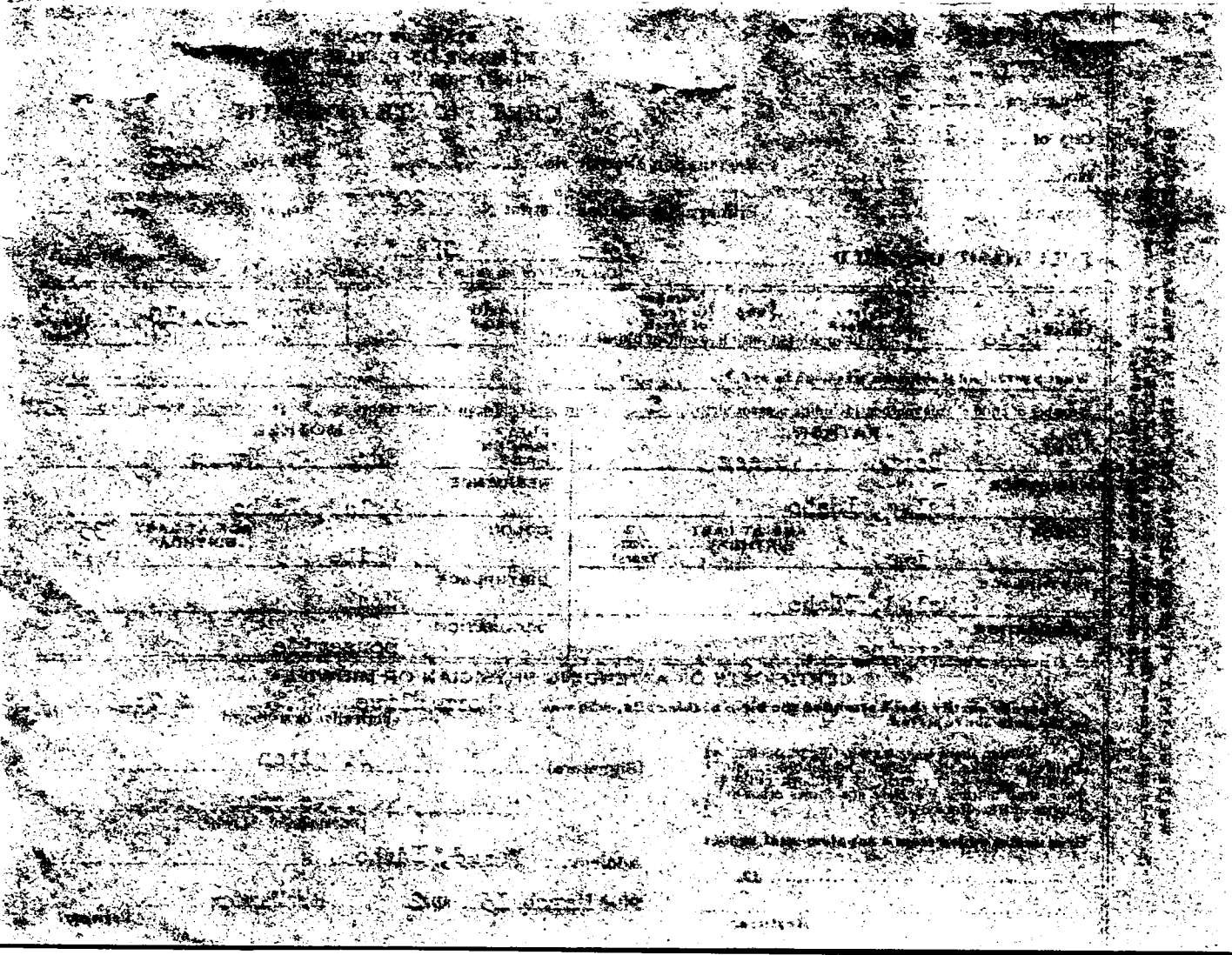
Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed March 15 1922 R. Waver
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

RECEIVED
APR 30
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bannock

Certificate No. 99523

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Jonah Green (Name on Original Certificate) who Was born (Was Born or Died) on February 10, 1922 (Date of Event)
in Pleasant View, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Genealogy Records (Bible Record, Insurance Policy, Etc.) prepared on April 2, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
First Name	Jonah	John

Subscribed and sworn to before me this 26th day of April, 1949

Notary Public, residing at McCammon Idaho
My commission expires March 16th 1953
(Seal)

Signed Joseph A Green
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)
McCammon Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of April, 1949

Notary Public, residing at McCammon Idaho
My commission expires March 16 - 1953
(Seal)

Signed Asa Harris
(Signature of Any Credible Person)
McCammon Idaho
(Street Address, City, State)

MAY 2 1949

AUG 5 - 1953

469-112.036-693

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 99524

Primary Registration District No. 2069 Registered No. 34

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
Male				Yes	Feb 12 22

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hugh L. Morris	Penelope Williams
RESIDENCE	Malad Idaho	Malad, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	27
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

.....
Registrar

(Signature) R. T. Mauer M.D.

(Physician or midwife)

Address Malad, Idaho

Filed Mar 15 19 22 R. T. Mauer M.D.

Registrar

193-112-036-394

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Oneida

CERTIFICATE OF BIRTH

City of Ridgdale

Registration District No. 24 File No. 99525

No. ..... St.

Primary Registration District No. 2064 Registered No. 35

Hospital .....

FULL NAME OF CHILD Elden Glen Archibald

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feby 12 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Archibald	FULL MAIDEN NAME	Nancy L Times
RESIDENCE	Ridgedale	RESIDENCE	Ridgedale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Registrar

Filed Mar 15 1922 R. W. Maner M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAH

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Apr. 7-22

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street Ridgedale

County Idaho.

File Number 99525

Registration Dist. No. 25

Sex of Child Male

Date of Birth Feb. 12 1922

Father Albert S. Archibald (Full Name) Mother Nancy Idelia Timms (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Eldon Glen Archibald

Child's Name in Full

Albert S. Archibald Nancy I. Archibal

Signature of Father or Mother

MAR 4 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE; - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

921-214-036-972

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Pleasantview

No. ..... St.

Hospital .....

Registration District No. 26 File No. 99526

Primary Registration District No. 2069 Registered No. 36

FULL NAME OF CHILD Margaret Isaacson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes	Feb. 14 1922

FATHER		MOTHER	
FULL NAME	Joe Isaacson	FULL MAIDEN NAME	Jetta Jyson
RESIDENCE	Pleasantview I	RESIDENCE	Pleasantview I
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Maner M.P.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Idaho

Filed Mar 15 1922

R T Maner M.P.
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

JUL 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, Apr. 7-22 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pleasant View

Place of Birth — Street: .....

Place of Birth — County: Oneida

File Number: 99526

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Feb 14 1922

Father: Joseph M. Isaacson (Full Name)

Mother: Hetta Ipsen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Margaret Isaacson
Child's Name in Full

J. M. Isaacson
Signature of Father or Mother

OCT 2 2 1943

JUN 4 1947

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

396-115-036-551

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 99527

Primary Registration District No. 2069 Registered No. 37

FULL NAME OF CHILD. William Gordon Crowther

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Feb 15 19 22

FATHER		MOTHER	
FULL NAME	E. N. Crowther	FULL MAIDEN NAME	Estella Evans
RESIDENCE	Malad, Idaho	RESIDENCE	Malad, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Miller	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:30 P. M. on the date above stated.

(Signature) R. T. Mauer

M. D (Physician or midwife)

Address Malad, Idaho

Filed Mar 15 1922 R. T. Mauer M.D Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 1 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAY 6 10 10 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 99527

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Crowther (Male) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 15, 1922 (Date of Event)

in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	William Gordon Crowther

Subscribed and sworn to before me this 26th day of April, 1975

Notary Public, residing at Malad City Idaho

My commission expires 12/15/77

(Seal)

Signed Annie Evans

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

270 W. 300 N. Malad Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Oneida

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of April, 1975

[illegible] Crowther

Notary Public, residing at Malad City Idaho

My commission expires 12/15/77

(Seal)

Signed Evelyn Jones

(Signature of Any Credible Person)

292 N. 300 West

(Street Address, City, State)

FORM DH 60-155 CL 4/18/75 1ccpd use # 5910

Certif. of Baptism and Con firmatio to the LDS Church gives name as Williams Gordon Crowther son of Edward N. Crowther and Stella Evanas Born Feb. 15, 1922 at Malad, Idaho. Was Baptized May 4, 1930. xxw viewed by V. S .

MAY 2 0 1975

Discharge from the U.S. Army gives name as Williams G. Crowther. dted Dec. 3, 1945. viewed by V. S.

845-214-036-249

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED MAR 1922

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 24 File No. 99528

No. ..... St.

Primary Registration District No. 2049 Registered No. 38

Hospital .....

FULL NAME OF CHILD Marjorie Hunsaker

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Feby 14 1922

FATHER		MOTHER	
FULL NAME	Wallace Hunsaker	FULL MAIDEN NAME	Amy Burnham
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Hilton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Registrar

Filed Mar 15 1922

R. T. Maurer M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFI
ILED FOR EACH CHILD AND THE SAME COU

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Malad
- Street:
- County: Oneida

File Number: 99528

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Feb. 14 1922

Father: Wallace A. Hunsaker
Full Name

Mother: Amy Burnham
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Marjorie Hunsaker
Child's Name in Full

Mrs. Amy Hunsaker
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

366-215-036-165

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 99529

Primary Registration District No. 2069 Registered No. 39

FULL NAME OF CHILD RUTH VIVIAN LOWE

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Feby 15 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joel P Lowe	FULL MAIDEN NAME	Rachel P Jones
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 25 Number of children of this mother now living, including present birth 25

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alton (Born alive or stillborn), at 11:45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Filed Mar 15 1922

Registrar

Maurer M. D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Box Elder }

SEP 10 1942

Certificate No. 99529

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ruth Vivian Lowe (Name on Original Certificate) who was born (Was Born or Died) on Feb. 15, 1922 (Date of Event)
in Cherry Creek, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Rachel C. Jones Lowe, mother of Ruth Vivian Lowe (Bible Record, Insurance Policy, Etc.) prepared on August 10, 1942. (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ruth Vivian Lowe

Facts as to her birth are as above stated.

Subscribed and sworn to before me this 10th day of August 1942

Notary Public, residing at Brigham City, Utah

My commission expires April 6, 1944.
(Seal)

Signed Rachel C Jones Lowe
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Willard City, Utah.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Box Elder }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. Joel P. Lowe father of said Ruth Vivian Lowe.

Subscribed and sworn to before me this 10th day of August A.D. 42.

Notary Public, residing at Brigham City, Utah.

My commission expires April 6, 1944
(Seal)

Signed Joel P Lowe
(Signature of Any Credible Person Other Than Previous Year)

Willard City, Utah.
(Street Address, City, State)

SEP 1 2 1942

284-216-036-319

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 24 File No. 99530

Primary Registration District No. 2064 Registered No. 40

FULL NAME OF CHILD Alice Larue Shupe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes.	2 - 16 1922

FATHER		MOTHER	
FULL NAME	Clifford T. Shupe	FULL MAIDEN NAME	Rosella Larsen
RESIDENCE	Malad Ida.	RESIDENCE	Malad Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	[illegible] Ida.	BIRTHPLACE	Smithfield Utah
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Ida

Registrar

Filed Mar 15 1922 R. H. Mauer M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

STATE OF IDAHO

DEPARTMENT OF PUBLIC WE

Boise, Idaho, 3/7/22 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad

Place of Birth — Street:

Place of Birth — County: Oneida

File Number: 99530

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Feb 16 1922

Father: Clifford Pryor Shupe (Full Name)

Mother: Rozella Larsen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Alice Larue Shupe
Child's Name in Full

Mr. Clifford P. Shupe
Signature of Father or Mother

OVER

MAR 28 1966

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

945-118-036-356

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 99531

Primary Registration District No. 2069 Registered No. 41

FULL NAME OF CHILD Dwight Lewis Lundel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feby 18 1922

FATHER		MOTHER	
FULL NAME	Dwight N Lundel	FULL MAIDEN NAME	Vilet C Lewis
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7:15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Filed May 15 1922

R T Maner M.D. Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Boise, Idaho, [illegible] 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad

Place of Birth — Street:

Place of Birth — County: Oneida

File Number: 99531

Registration Dist. No.: One

Sex of Child: Male

Date of Birth: Feb 18 192 2

Father: Dwight Hall Zundel (Full Name)

Mother: Violet Elizabeth Lewis (Full Malden Name)

I HEREBY CERTIFY that the child described herein has been named:

Dwight Lewis Zundel (Child's Name in Full)

Dwight L. Zundel (Signature of Father or Mother)

OVER

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

168-120-036-4/15

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Samaria

No. ..... St.

Hospital .....

RECEIVED 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. C 99532

Primary Registration District No. 2069 Registered No. 42

FULL NAME OF CHILD Henry Davis John

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb 20 1922

FATHER		MOTHER	
FULL NAME	Henry E John	FULL MAIDEN NAME	Eliza Davis
RESIDENCE	Samaria, Idaho	RESIDENCE	Samaria, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 30 P. M. on the date above stated.

(Signature) R. T. Mauer M.D.

(Physician or midwife)

Address Malad, Idaho

Filed Mar 15 1922 R T Mauer Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

STATE OF

DEPARTMENT OF PUB...

Boise, Idaho, 4/7/22 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Lamara

Street:

County: Oneida

File Number: 99532

Registration Dist. No.: 3

Date of Birth: Feb. 20th 1922

Sex of Child: Male

Father: Henry Edwards Davis (Full Name)

Mother: Eliza Davis (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Henry Davis Johns (Child's Name in Full)

Henry E Johns (Signature of Father or Mother)

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

389-221-036-231

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 99533

Primary Registration District No. 2069 Registered No. 43

FULL NAME OF CHILD Ida LaZenne Christensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Feb. 21 1922

FATHER		MOTHER	
FULL NAME	J. M. Christenson	FULL MAIDEN NAME	Ida Scarper
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Denmark	BIRTHPLACE	New York
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R T Mauer M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Filed Mar 15 1922 R T Mauer M.D.
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, 4/7 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Malad; Street Main; County Oneida

File Number 99533

Registration Dist. No. .....

Sex of Child Female

Date of Birth Feb. 21st 1922

Father John Mart Christensen (Full Name)

Mother Ida L. Scarper (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ida Lazenne Christensen
Child's Name in Full

J. M. Christensen
Signature of Father or Mother

MAR 28 1944

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

665-222-036-165 1922

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 99534

No. ..... St.

Primary Registration District No. 2064 Registered No. 44

Hospital .....

FULL NAME OF CHILD Betty Mae Owens

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Feby 22 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward T Owens	FULL MAIDEN NAME	Lizzie E Jones
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Filed Mar 15 1922

R. Mayer M.D. Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 31 8 40 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 99534

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Owens (female) (Name on Original Certificate) who was born (Was Born or Died) on Feb 22, 1922 (Date of Event)
in Malad, Idaho (Oneida) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
chid's name	omitted	Betty Mae Owens

Subscribed and sworn to before me this 3rd day of June, 1977

Notary Public, residing at Bountiful, Utah

My commission expires 6-7-79

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 5/18/77

Insurance policy from Beneficial Life Insurance Co. gives name as Betty Mae Owens. dated XXXXXXXXXXXXX March 3, 1952. viewed by V. S.

SEP 23 1977

Own child's birth ce tif on file in Utah gives name as Steven J. Barnes bonr Jan 28. 1957. father's name as Stanley J. Barnes and mother's name as Betty Mae Ownes. viewed by V. S.

639-124-036-217

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Delmar

Registration District No. 26 File No. 99535

No. ..... St.

Primary Registration District No. 2064 Registered No. 45

Hospital .....

FULL NAME OF CHILD JAMES LOY OLIVER

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Feby (Month) 24 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	John Lee Oliver	FULL MAIDEN NAME	Mary Ellen Baggett
RESIDENCE	Delmar Idaho	RESIDENCE	Delmar Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Salt Lake Co. Utah	BIRTHPLACE	Tennessee
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 35 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Waraleigh MD

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Snowville Utah

Filed Mar 15 1922 K T Miller M.D.

Registrar Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 99535
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)

for ..... (Name on original certificate) who ..... (Was born or died) on ..... (Date of event)

in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Oliver	James Loy Oliver

Subscribed and sworn to before me this 18th day of November, 1941.

J. C. Gaskell
Notary Public, residing at Burley Idaho
My commission expires June 3rd, 1942
[SEAL]

Signed John T. Oliver
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt. 3. Burley. Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on ..... By .....

271-224-036-855

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Holbrook

Registration District No. 26 File No. 99536

No. ..... St.

Primary Registration District No. 2064 Registered No. 46

Hospital .....

FULL NAME OF CHILD Mabel Pauline Spahr

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Feby 24 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl W. Spahr	FULL MAIDEN NAME	Mabel Henderson
RESIDENCE	Holbrook	RESIDENCE	Holbrook
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Washington
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Acton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad

Registrar

Filed Mar 15 1922

K T Maner M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

1942

SEVERAL REASONS WHY A CERTIFIC[illegible] OF BIRTH S[illegible]
FILED FOR EACH CHILD AND THE SAME CO[illegible]

BUREAU OF VITAL STATISTICS.

Place of Birth
City Holbrook
Street
County Oneida

File Number 99536

Registration Dist. No. 14

Date of Birth Feb. 24 1922

Sex of Child Female

Father Earl William Spahr
Full Name

Mother Mabel Henderson
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Mabel Pauline Spahr.
Child's Name in Full

Mabel Spahr.
Signature of Father or Mother

OVER

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

434-224-036-165

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Oneida

City of Malad.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 99537

Primary Registration District No. 2064 Registered No. 47

FULL NAME OF CHILD Eleanor Madell McDougall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) 19 22 (Year)
Female		Yes.	2-24

FATHER		MOTHER	
FULL NAME	Herbert McDougall	FULL MAIDEN NAME	Hattie Jones
RESIDENCE	Malad Ida.	RESIDENCE	Malad Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Manatoba Canada	BIRTHPLACE	Malad Ida.
OCCUPATION	Mechanic.	OCCUPATION	House Fr.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns

M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Ida

Registrar

Filed Mar. 15 1922 R. T. Maier M.D.

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CHAIN OF TITLE
DEPARTMENT OF PUBLIC WORKS

RECEIVED
OCT 6 1922
BUREAU OF VIT
STA

[redacted]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad

Street: Idaho

County: Oneida

File Number: 99537

Registration Dist. No.:

Date of Birth: Feb. 24 1922

Sex of Child: Female

Father: Herbert McDougall (Full Name)

Mother: Hattie Jones (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Eleanor Madell McDougall
Child's Name in Full

Mrs. Herbert McDougall
Signature of Father or Mother

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

666-125-036-463

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ouida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 99538

Primary Registration District No. 2064 Registered No. 48

FULL NAME OF CHILD Neal Dalton Woolslayer

Sex of Child MALE Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) Legitimate? Yes. Date of Birth 2 (Month) 25 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Albert Woolslayer	FULL MAIDEN NAME	Irene Dalton
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Pittsburgh Pa.	BIRTHPLACE	Willard Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad Ida

Registrar

Filed Mar 15 1922 R T Maner M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued Feb 25, 1941. E.M.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, 4/7 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad

Street:

County: Oneida

File Number: 99538

Registration Dist. No.:

Sex of Child: ~~Female~~ Male

Date of Birth: Feb. 25th 192 2.

Father: Albert Woolslayer (Full Name)

Mother: Dorean Maruthia Dalton (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Neal Dalton Woolslayer
Child's Name in Full

Albert Woolslayer
Signature of Father or Mother

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

965-226-036-713

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Stone

Registration District No. 24 File No. 99539

No. ..... St.

Primary Registration District No. 2067 Registered No. 49

Hospital .....

FULL NAME OF CHILD Virginia Roe

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Feby 26 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Ray Roe	FULL MAIDEN NAME	Lola Eliza Pack
RESIDENCE	Stone Idaho	RESIDENCE	Stone Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Stone Idaho	BIRTHPLACE	Deseret Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 45 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Wardleigh MD

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Snowville Utah

Filed May 15 1922 R T Mauer M.D.

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED JAN 7 1923 BUREAU

Boise, Idaho, Jan. 10 4/7 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Stone

Street:

County: Oneida

File Number: 99539

Registration Dist. No.: 17

Sex of Child: Female

Date of Birth: Feb. 24 1922

Father: Wm. Ray Roe (Full Name)

Mother: Lola Eliza ~~Roe~~ Pack (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Virginia Roe (Child's Name in Full)

W. Ray Roe (Signature of Father or Mother)

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

386-128-036-165

n-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 24 File No. 99540

Primary Registration District No. 2064 Registered No. 50

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	2 - 28 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Thomas	FULL MAIDEN NAME	Mary Jones.
RESIDENCE	Malad Ida	RESIDENCE	Malad.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Malad Ida.	BIRTHPLACE	Malad Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2.00 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns.

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Malad Ida.

Filed Mar 15 1922 R. A. Maier M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

731-111-035-434

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

RECEIVED
APR 3 192
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

99541

County of Nez Perce

City of Gifford

Registration District No. 92 File No.

No. St.

Primary Registration District No. 2170 Registered No. 42

Hospital

FULL NAME OF CHILD Howard Wendell Glasby

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	3 11 1922

FATHER

FULL NAME Geo S. Glasby

RESIDENCE Gifford

COLOR W AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Minn

OCCUPATION farmer

MOTHER

FULL MAIDEN NAME Maude McDowell

RESIDENCE Gifford

COLOR W AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Minn

OCCUPATION Wife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed 3-11 1922

E. E. Watts
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
MAY 1 1922
BUREAU

Boise, Idaho, 4/7 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Gifford

Place of Birth — Street:

Place of Birth — County: Nez Perce

File Number: 99541

Registration Dist. No.:

Date of Birth: March 11 1922

Sex of Child: Male

Father: George S. Glasby (Full Name)

Mother: Lulu Maude Glasby (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Howard Wendell Glasby
Child's Name in Full

Lulu Maude Glasby,
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

386-119-025-854

PLACE OF BIRTH

RECEIVED
APR 3 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99542

County of Nez Perce

City of Gifford

Registration District No. 92

File No. 9

No. ..... St.

Primary Registration District No. 2170

Registered No. 43

Hospital .....

FULL NAME OF CHILD Leo Thomas

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	3 19 1922

FATHER		MOTHER	
FULL NAME	Ind Thomas	FULL MAIDEN NAME	Grace Hemick
RESIDENCE	Gifford	RESIDENCE	Gifford
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	farmer	OCCUPATION	wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 3-19 1922

E. E. Watts
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-113-794

037- PLACE [redacted]

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 99543

County of Owyhee

City of Homedale

Registration District No. 130

No. ____ St.

Primary Registration District No. Homedale

Registered No. ____

Hospital ____

FULL NAME OF CHILD Floyd Walter McClintock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Feb 13 1922

FATHER

FULL NAME: Harry A McClintock

RESIDENCE: Homedale

COLOR: W

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Ind

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Ethel G Grover

RESIDENCE: Homedale

COLOR: W

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Nebr

OCCUPATION: Hw

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hoffner

MD (Physician or midwife)

Address Homedale

Given names added from a supplemental report.

Mar 1 1922

Simeon Hoffner
Registrar

Filed Mar 1 1922

S Hoffner
Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, 4/7 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County Ada Co.

File Number 99543

Registration Dist. No. .....

Date of Birth Feb 13 1922

Sex of Child Male

Father Harry Ashford McClintick (Full Name)

Mother Ethel Grace Grover (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Floyd Walter McClintick (Child's Name in Full)

H. A. McClintick (Signature of Father or Mother)

OVER

MAR 3 1960

MAR 22 1960

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - - - JAN 30 1941

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

515-201-037-464

PLACE OF BIRTH

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99544

County of Kootenai

City of Hoodedale

Registration District No. 130 File No.

No. St.

Primary Registration District No. Homedale Registered No.

Hospital

FULL NAME OF CHILD Caroline Alice Ramsey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F M			yes	Feb 1 1922

FATHER

FULL NAME Evan E Ramsey

RESIDENCE Homedale

COLOR W AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Ida

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Dolly J Hodge

RESIDENCE Homedale

COLOR W AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Wyo

OCCUPATION H W

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:40 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hoffner MD
(Physician or midwife)

Given names added from a supplemental report.

Mar 1 1922 Address Homedale

Simeon Hoffner Registrar

Filed Feb 1 1922 S Hoffner Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 14 1944

JUL 30 1957

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OF BIRTH

813-101-037-522

MAR 3 1922

BUREAU OF VITAL STATISTICS

County of Curyhee

~~City of~~ Grand View Valley

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 99545

Registration District No. 74 File No. .....

Prim Registration District No. 2151 Registered No. 29

FULL NAME OF CHILD Jack Hacksma
(Certificate of no value without full name of child.)

Sex of Child	Twin ~~Triplet or other?~~ and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1	Yes	Mar. 1 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 11 Number of child of this mother now living, including present birth 10

FATHER		MOTHER	
FULL NAME	Jacob John Hacksma	FULL MAIDEN NAME	Phroney Ebbens
RESIDENCE	Grand View Valley	RESIDENCE	Grand View Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Holland	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J Eckenbeck
Physician
(Physician or midwife)

Address Grand View

Filed Mar 10 1922 W J Eckenbeck
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

SEP 2 1944

318-207-038-699

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED MAR 29 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99546

County of Payette

City of Payette

Registration District No. 4 File No.

No. St.

Primary Registration District No. 1008 Registered No. 30

Hospital

FULL NAME OF CHILD Josephine Clara Caylor

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth Feb. 7 (Month) (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Joseph L. B. Caylor	FULL MAIDEN NAME Grace Wright
RESIDENCE Payette Ida	RESIDENCE Payette Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Elnora Indiana	BIRTHPLACE Siloam Springs Arkansas
OCCUPATION Farmer	OCCUPATION None

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) J. C. Woodward M.D.

Physician

(Physician or midwife)

Address Payette Ida

Filed Feb. 7 1922 J. C. Woodward

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

RECEIVED
APR 12 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, April 7, 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed, self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Payette

Street:

County: Payette

File Number: 99546

Registration Dist. No.:

Date of Birth: Feb 7 1922

Sex of Child: Female

Father: Joseph Davis Taylor (Full Name)

Mother: Grace Ann Wright (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Josephine Clara Taylor
Child's Name in Full

Mrs. Joseph Taylor
Signature of Father or Mother

OVER

AUG 26 1968

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

575-208-038-264 [redacted]

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Payette Amended 5/24/79 by

CERTIFICATE OF BIRTH

City of Payette

Registration District No. 4 File No. 99547

No. ..... St.

Primary Registration District No. 1008 Registered No. 31

Hospital .....

FULL NAME OF CHILD Mary Eleanor VanValkenburg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Feb. 8 1922

FATHER	MOTHER
FULL NAME: Ralph H. Van Valkenburg	FULL MAIDEN NAME: Mary Margaret Sodja
RESIDENCE: Payette, Idaho	RESIDENCE: Payette, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Mich.	BIRTHPLACE: Mont.
OCCUPATION: Salesman	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10;30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. McDonald

(Physician or midwife)

Address Payette, Idaho.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Oct 22 1922 J. C. Woodward

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
MAY 14 2 32 PM '79

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 99547

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Van Valkenburg (Name on Original Certificate) who was born (Was Born or Died) on Feb. 6, 1922 (Date of Event) in Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	(Bette) Mary Eleanor VanValkenburg
Full Maiden Name of Mother	Mary May Sodja	Mary Margaret Sodja
From February 6, 1922		February 8, 1922

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Thurston

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of May, 1975.

Joan B. Phillips

Notary Public, residing at Onlin Wa 98531

My commission expires 5-14-80

(Seal)

Signed Barbara VanValkenburg Lewis
(Signature of Any Credible Person)

1900 Lakemoor Place, Olympia, Wa. 98502
(Street Address, City, State)

FORM DH 60-155

CL 2-23-61. one copy pd. receipt #12510.

Famiy Bible record gives father's name as Ralph Hellard Van Valkenburg mothe 's name as Mary Margaret Sodja and dauther's name as Mary Elaanor Van Valkenburg born Feb 8, 1922. ~~bk~~ viewed by V. S.

MAY 24 1979

Baptismal record from Church of St. Agnus, Weiser, Idaho. Baptized April 2, 1922 name given as Mary ~~Elan~~ Eleanor Van Valkenburg. father's name s Ralph Van Valkenburg and mothe ' sname as Mary Sodja. viewed by V. S. Born 7-8-22

395-22-03-691

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

Registration District No. 4

File No. 99548

No. ..... St. .....

Primary Registration District No. 1008

Registered No. 32

Hospital .....

FULL NAME OF CHILD Marjorie Mae Linden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Feb 21 1922

FATHER		MOTHER	
FULL NAME	Lloyd F. Linden	FULL MAIDEN NAME	Margaret Drake
RESIDENCE	Payette Ida	RESIDENCE	Payette Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Silvan Grove Kansas	BIRTHPLACE	Ontario, Oregon
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.06 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) J. C. Woodward M.D.

Physician

(Physician or midwife)

Address Payette Ida

Filed Mar 22 1922 J. C. Woodward

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OF IDA

DEPA MENT OF

Boise, Idaho, ... 192.2

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Payette

Street 7th 3 ave

County Payette

File Number 99548

Registration Dist. No. .....

Sex of Child Female

Date of Birth Feb 21 192.2

Father Lloyd F. Linder (Full Name)

Mother Margaret Fern Franks (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Marjorie Mae Linder (Child's Name in Full)

Margaret Linder (Signature of Father or Mother)

OVER

DEC 9 1942 SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

893-108-038-869

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED APR 5 1922 BUREAU OF VITAL STATISTICS

County of Payette

City of Payette — Registration District No. 4 — File No. 99549

No. ____ St. — Primary Registration District No. 1008 — Registered No. 33

Hospital ____

FULL NAME OF CHILD Clinton J. Hill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Mar. 8 1922

FATHER		MOTHER	
FULL NAME	Samuel Ed. Hill	FULL MAIDEN NAME	Iva Marie Horn
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6;30 P. M. on the date above stated.

(Signature) J. H. McDonald

(Physician or midwife)

Address Payette Idaho

Filed May 19 1922. J. C. Woodward Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 2 1942

533-109-038-763

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette Registration District No. 4 File No. 99550

No. ____ St.

Primary Registration District No. 1008 Registered No. 34

Hospital ____

FULL NAME OF CHILD Herbert Cole Ellis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Mar. 9 1922

FATHER		MOTHER	
FULL NAME	Fred H. Ellis	FULL MAIDEN NAME	Eva Barrington Cole
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Cal.	BIRTHPLACE	London, England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6;40 P M. on the date above stated.

(Signature) J. T. McNamara

(Physician or midwife)

Address Payette Idaho

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

Filed Mar. 19 1922. J. C. Woodward

Registrar

251-220-039-499

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 2 19

CERTIFICATE OF BIRTH

99551

County of Power

City of Amer. Falls

Registration District No. 25 File No. 8

No. St.

Primary Registration District No. 2092 Registered No. 375

Hospital

FULL NAME OF CHILD Constance Courtell Beam.

Sex of Child Female | Twin Triplet or other? and Number in order of birth Two (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Jan (Month) 20 (Day) 1922 (Year)

PATHER		MOTHER	
FULL NAME	Howard Baber Beam	FULL MAIDEN NAME	Maude Isabel Driver
RESIDENCE	Am. Falls, Idaho	RESIDENCE	Am. Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Spark's, Oklahoma	BIRTHPLACE	Texas.
OCCUPATION	Laborer.	OCCUPATION	Waitress.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P G Logan

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address American Falls

Filed 2-27 1922 Richard X. Notts Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 20 1943

463-227-039-764

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Power

RECEIVED MAR 1922

CERTIFICATE OF BIRTH

99552

City of

Registration District No. 25 File No. 8

No. St.

Primary Registration District No. 2072 Registered No. 376

Hospital

FULL NAME OF CHILD GRACE WINNIE Mock

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	Two (To be answered only in event of plural births)	Yes	Jan (Month) 27 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Ivan Mock	FULL MAIDEN NAME	Sarah Poulson
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. G. Ligon

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address American Falls

Filed 2-27 1922 Richard L. Noth Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Power Twin Falls } ss.

Certificate No. 99552

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of [illegible] (Birth or Death)
for Unnamed Mock (Name on Original Certificate) who (Was Born ~~or Died~~) on Jan 27-1922 (Date of Event)
in American Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on April 4th 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Mock	Grace Wirmie Mock
name of mother	Sarrha Polson	Sarah Poulson

Subscribed and sworn to before me this 4th
day of April 1942
W.O. Walls
Notary Public, residing at Twin Falls.
My commission expires April 8th 1944
(Seal)

Signed Mrs Sarah Mock
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1227-11 ave E Twin Falls Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th
day of April 1942
W.O. Walls
Notary Public, residing at Twin Falls Ida
My commission expires April 8th 1944
(Seal)

Signed Roy H. Mathison
(Signature of Any Credible Person Other Than Previous Year)
636-4th Ave West Twin Falls Idaho
(Street Address, City, State)

APR 9 '94

466-116-039-319

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99553

County of Power

MAR 20 1922

City of

Registration District No. 25 File No. 8

No. St.

Primary Registration District No. 2072 Registered No. 377

Hospital

FULL NAME OF CHILD Earl Phillip Downey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	Ten	Yes	Feb. (Month) 16th (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	William Norris Downey	FULL MAIDEN NAME	Inga Marie Larson
RESIDENCE	American Falls P.O.	RESIDENCE	American Falls.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	64 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Norway,
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Ten Number of children of this mother now living, including present birth Ten

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. G. Logan
Physician.
(Physician or midwife)

Given names added from a supplemental report.

19

Address American Falls

Filed 2-27 1922 Richard F. Noth
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1922-101650

269-224-041-396

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

Registration District No. 77 File No. 99555

No. St.

Primary Registration District No. 1176 Registered No. 35

Hospital

FULL NAME OF CHILD Sorensen, (Marjorie Ida)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	Feb - 24 1922

FATHER		MOTHER	
FULL NAME	Truman Elmer Sorensen	FULL MAIDEN NAME	Leontine D Crosby
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Rancheman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Culbertson

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Driggs Idaho

Filed Mar 8 1922 Martha Marker
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED APR 14 1924 BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, 4/7 1924

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Driggs

Place of Birth — Street:

Place of Birth — County: Teton

File Number: 99555

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Feb 24 1922

Father: Freeman E. Sorenson (Full Name)

Mother: Leonteena Dorothy Cross (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Marjorie Ida Sorenson
Child's Name in Full

Freeman E. Sorenson
Signature of Father or Mother

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

693-114-041-819

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 7 1922

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

Registration District No. 77

File No. 99556

No. ____ St.

Primary Registration District No. 2176

Registered No. 34

Hospital ____

FULL NAME OF CHILD 2 Wiley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Feb 14 1922

FATHER		MOTHER	
FULL NAME	Leo Delbert Wiley	FULL MAIDEN NAME	Mary Jarvis Harper
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 0 M. on the date above stated.

(Signature) D D Culbertson

Physician (Physician or midwife)

Address Driggs Idaho

Filed Mar 8 1922

martha Marker
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-211-041-615

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED MAR 20 1922

CERTIFICATE OF BIRTH

County of Teton

City of Victor

Registration District No. 77 File No. 99557

No. ..... St.

Primary Registration District No. 2176 Registered No. 33

Hospital .....

FULL NAME OF CHILD ? Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	Feb - 11 - 1922

FATHER		MOTHER	
FULL NAME	Leo Smith	FULL MAIDEN NAME	Margret Wanless
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Stolen agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G Culbertson

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Driggs Idaho

Filed Mar 8 - 1922 Martha Marker
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STA

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City ..... Street ..... County .....

File Number ..... 99557 .....

Registration Dist. No. .....

Sex of Child ..... Female .....

Date of Birth ..... 192....

Father ..... Mother .....
Full Name Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

Returned

.....
Signature of Father or Mother

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

295-105-041-492

PLACE OF BIRTH

RECEIVED MAR

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Victor

Registration District No. 17

File No. 99538

No. ..... St.

Primary Registration District No. 2176

Registered No. 32

Hospital .....

FULL NAME OF CHILD DONALD LEE Brewster

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Feb 5 1922

FATHER		MOTHER	
FULL NAME	Lyle L Brewster	FULL MAIDEN NAME	Lucile Mikell
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H Culbertson

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs Idaho

Registrar

Filed March 8 1922

Martha Mackey
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wyo
County of Teton } ss.

Certificate No. 99558

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth ~~or Death~~)
for unnamed (Donald Lee Bressler) who was born on Feb 5th 1922
(Name on Original Certificate) (Was Born ~~or Died~~) (Date of Event)
in Victor Teton Co. Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Insurance Policy prepared on Sept 1st 1941, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Donald Lee Bressler

Subscribed and sworn to before me this eighth
day of June, 19 42

Signed Lyle L. Bressler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Jackson Teton Co. Wyo.

My commission expires Oct 9th 1945
(Seal)

Moose, P.O. Teton Co. Wyo.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wyoming
County of Teton } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this eighth
day of June, 19 42

Signed Venice R Grant
(Signature of Any Credible Person Other Than Previous Year)

W. J. Grant
Notary Public, residing at Jackson, Teton Co. Wyo.

My commission expires Oct 9th 1945
(Seal)

Jackson Teton Co. Wyo
(Street Address, City, State)

JUN 12 1942

269-113-041-843 Amended 07-21-06 ns

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED MAR 20 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

Registration District No. 77 File No. 99559

No. ..... St.

Primary Registration District No. 176 Registered No. 31

Hospital .....

FULL NAME OF CHILD ~~Gathrer~~ Garth Hulet Sorensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Feb (Month) 13 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Douglas Peter Sorensen	FULL MAIDEN NAME	Tetta Hulet
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Wyoming
OCCUPATION	Randsman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Culbertson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Driggs Idaho

Filed March 8th 1922 Martha Marker Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 27 1961
OCT 2 6 1988

RECEIVED
VITAL STATISTICS
06 JUL 20 AM 9:53

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss
County of _____ }

Certificate No. 22-99559

Date Filed March 20, 1922

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for Arthur Hulet Sorensen (Name on Original Certificate) who was born (Was Born, Died, etc.) on February 13, 1922 (Date of Event)

in Driggs (Teton Co.) (Place of Event)

are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Child's first name	Arthur	Garth

Subscribed and sworn to before me this 14th day of July, 2006

Notary Public, Cheryl Cazier

Residing at Springville, Ut

My commission expires 5/10/2010
(Seal)

CHERYL CAZIER
NOTARY PUBLIC STATE OF UTAH
110 SOUTH MAIN STREET
SPRINGVILLE, UT 84663
COMM. EXP. 05-10-2010

X Garth Sorensen
Signature of Applicant

1465 North 1200 East Mapleton UT 84664
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss
County of _____ }

(Must be completed ☐)

(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

07-05-06

LDS CERT OF BLESSING FOR GARTH HULET SORENSEN BORN 02-13-22 IN DRIGGS (TETON CO) DATED 04-02-22 VIEWED BY VS

UNIV OF WASH DOCTOR OF DENTAL SURGERY DIPLOMA FOR GARTH HULET SORENSEN DATED 06-08-1955 VIEWED BY VS

365-106-041-217

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Victor — Registration District No. 77 — File No. 99561

No. ____ St. — Primary Registration District No. 2176 — Registered No. 29

Hospital ____

FULL NAME OF CHILD Howard Cleon Tonks

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Feb. 6 1922

FATHER

FULL NAME: Howard Tonks

RESIDENCE: Victor, Ida.

COLOR: White — AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Morgan, Utah

OCCUPATION: Ranching.

MOTHER

FULL MAIDEN NAME: Pearl Edwards Bagley

RESIDENCE: Victor, Idaho.

COLOR: White — AGE AT LAST BIRTHDAY: 18 (Years)

BIRTHPLACE: Charleston, Utah.

OCCUPATION: Ranching.

Number of child of this mother, including present birth 1st — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:00 M. on the date above stated.

(Signature) H. S. Culbertson

Physician

(Physician or midwife)

Address Driggs Idaho

Filed Mar 9- 1922 — Martha Markes, Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

643-225-04-993

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

RECEIVED MAR 8 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99562

County of Telon

City of Telonia

Registration District No. 77 File No.

No. St.

Primary Registration District No. 2176 Registered No. 28

Hospital

FULL NAME OF CHILD Baby Fullmer - Verna L.

Sex of Child: female | Twin Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: Feb (Month) 5 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Oscar Fullmer	FULL MAIDEN NAME	Vivian Rickes
RESIDENCE	Idaho	RESIDENCE	Telonia Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

(Signature) Caroline Rammell

Midwife (Physician or midwife)

Address Telonia Idaho

Filed Mar 8—1922 Martha Marker Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

....., 19.....

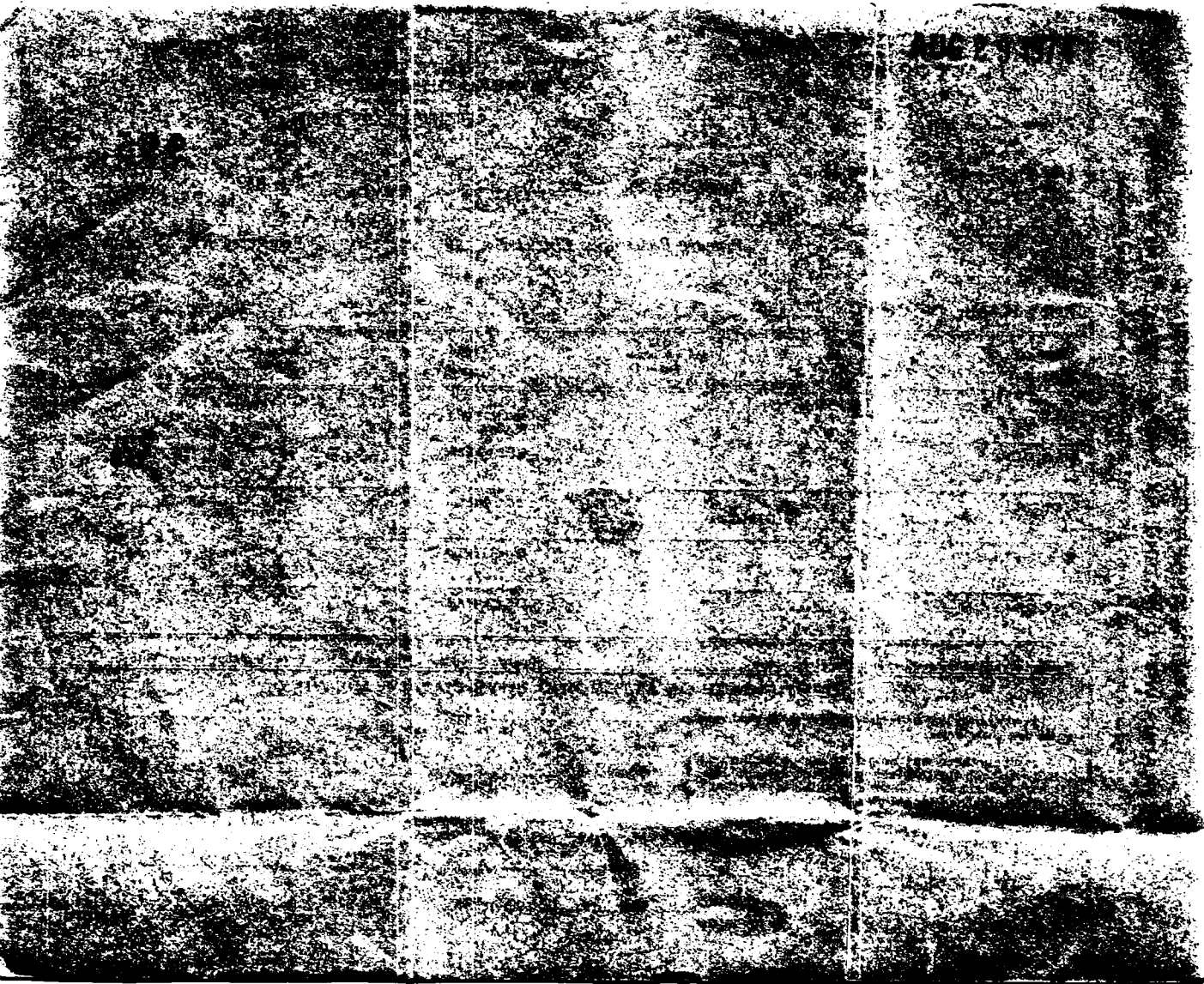
..... Registrar

8-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.



968-129-041-953

PLACE OF BIRTH

RECEIVED
MAR 20 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Driggs

Registration District No. 77

File No. 99563

No. ..... St.

Primary Registration District No. 2176

Registered No. 27

Hospital .....

FULL NAME OF CHILD Archie K Zohner

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Jan 29 1922

FATHER

FULL NAME: Jacob Zohner

RESIDENCE: Driggs Idy

COLOR: White

AGE AT LAST BIRTHDAY: 54 (Years)

BIRTHPLACE: Switzerland

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Pobly M Miller

RESIDENCE: Driggs Idy

COLOR: White

AGE AT LAST BIRTHDAY: 54 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E Hart

Physician

(Physician or midwife)

Given names added from a supplemental report.

19....

Address Driggs Idy

Registrar

Filed March 9th 1922

Martha Marker
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG

396-117-041-154

Form V. S. No. 11—25m-1-1-18

PLACE OF BIRTH

County of Teton

City of Tetonia

No. ..... St.

Hospital .....

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99564

Registration District No. 17 File No. .....

Primary Registration District No. 2176 Registered No. 26

FULL NAME OF CHILD Croy (Walter Maxwell)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Jan 17 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas Croy	FULL MAIDEN NAME	Ruth Andersen
RESIDENCE	Tetonia Idaho	RESIDENCE	Tetonia Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Caroline Rammell

Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Tetonia Idaho.

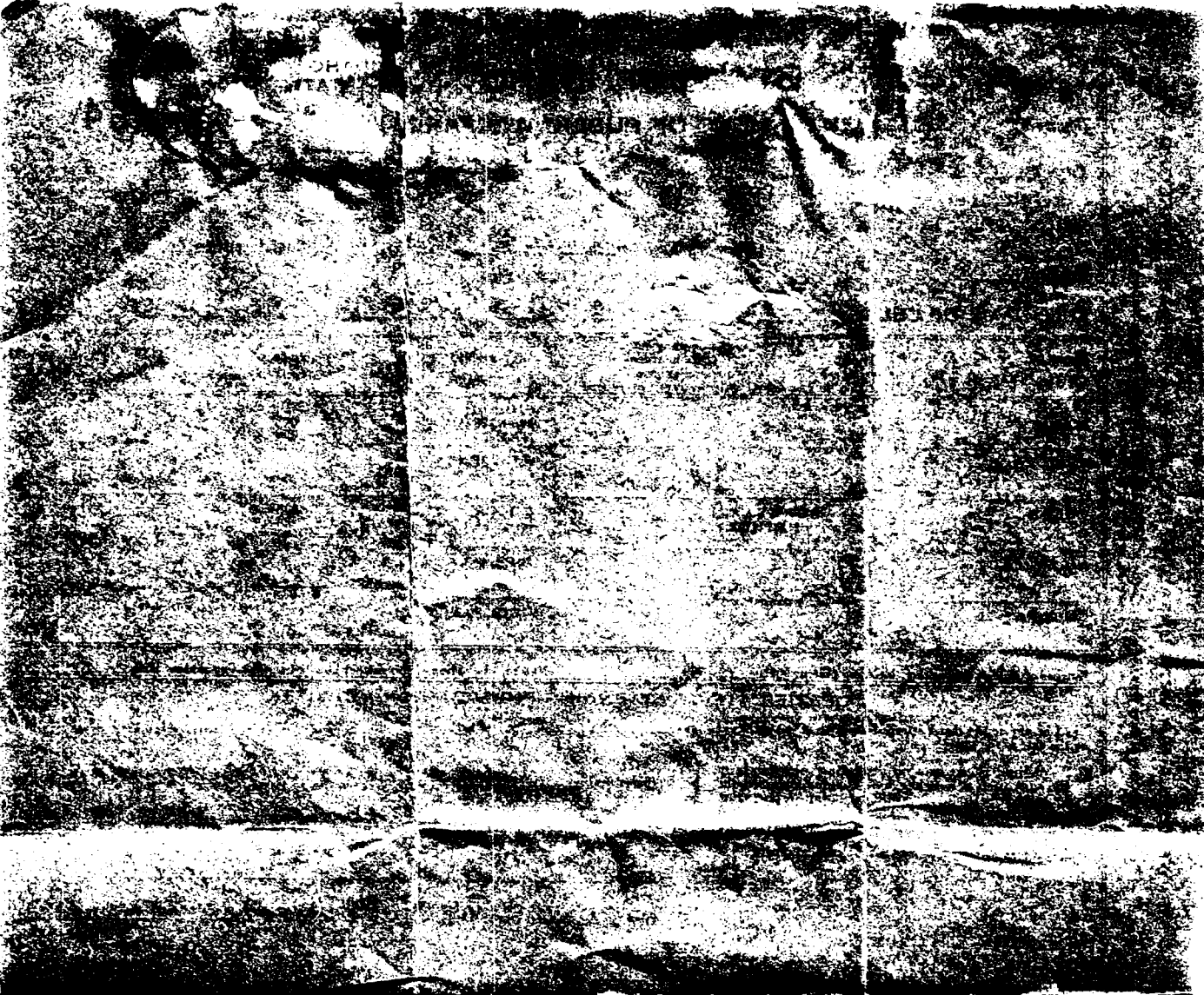
Filed Mar 8 1922 Martha Marker
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Tetonia, Ida.

Street: .....

County: Teton

File Number: 99564

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: January 17 1922.

Father: Charles Fay Croy (Full Name)

Mother: Ruth Anderson Croy. (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Walter Maxwell Croy

Child's Name in Full

Ruth Croy. Mrs. F. Croy

Signature of Father or Mother

MR

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

451-117-042-035

PLACE OF BIRTH

County of Twin Falls

City of Hansen

No. ..... St.

Hospital Home

DEPA[redacted]DAHO
DEPA[redacted]BLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99572

Registration District No. 36 File No. .....

Primary Registration District No. ..... Registered No. 10

FULL NAME OF CHILD William Evans Deahl

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Febr. 17 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ray E Deahl	FULL MAIDEN NAME	Robbie E Stewart
RESIDENCE	Hansen Ida	RESIDENCE	Hansen Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Ill	BIRTHPLACE	Ill.
OCCUPATION	farmer	OCCUPATION	Hus

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis

Physician

(Physician or midwife)

Address Kimberly Ida

Filed 2-27 1922 J. M. Davis

Registrar.

Give names added from a supplemental report.

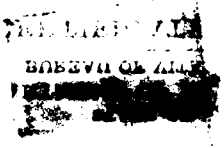
....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



266-123-042-235

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99573

County of Twin Falls

City of Kimberly

No. ..... St.

Registration District No. 36 File No. .....

Hospital Home Primary Registration District No. ..... Registered No. 11

FULL NAME OF CHILD Paul Raymond Bowman
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Feb 23 1922

What bacteriacidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Walter L Bowman	FULL MAIDEN NAME Goldie Steelsmith
RESIDENCE	Kimberly Idaho	Kimberly Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	24
BIRTHPLACE	Ind.	Ind.
OCCUPATION	Farmer & Road overseer	Hse.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) J. M. Davis

Physician
(Physician or midwife)

Address Kimberly Ida.

Filed Feb 28 1922 J. M. Davis Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 27 1941

759-209-042-296

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No. 99574

No. 8 Gt East St.

Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD Phyllis Maxine Gerber

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Jan (Month) 9 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Alvin A. Gerber	FULL MAIDEN NAME	Willa Mina Brown
RESIDENCE	Twin Falls - Ida	RESIDENCE	Twin Falls - Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Wyoming
OCCUPATION	Iron Moulder	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8 30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. K. Scott

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls

Filed Mch 9 1922 John S. Coughlin

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 22 1948

MAY 31 1955

318-113-042-263

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—[illegible]

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 7 Ancart St.

Hospital

Registration District No. 37

Primary Registration District No. 1085

File No. 99575

Registered No.

FULL NAME OF CHILD Lester ~~Deane~~ Robert Taylor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Jan (Month) 18 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Thomas R. Taylor	FULL MAIDEN NAME	Ivy Y. Koch
RESIDENCE	Portland Ore.	RESIDENCE	Twin Falls - Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Texas
OCCUPATION	Sheepman	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. R. Scott
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls

Filed Mch 9 1922 John Stoughlin
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

269-224-042-968

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99576

County of Twin Falls

City of Twin Falls

No. ..... St. Registration District No. 37 File No. .....

Hospital La Merced Hosp. Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Florence Katherine Field Borglum
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	1			yes.	2-24-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 10 %

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	James Field Borglum	FULL MAIDEN NAME	Katherine Rohde
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Chicago	BIRTHPLACE	Chicago
OCCUPATION	Farmer	OCCUPATION	House Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Seyal
physician
(Physician or midwife)

Address McConnell Bld, Twin Falls.

Filed Mch 9 1922 John F. Coughlin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NAME CHANGES TO FIELD

NOT

Dup of 1922-341206

(54-104-042-453)

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls
City of Twin Falls
No. 3rd Ave E St.
Hospital

Registration District No. 37
Primary Registration District No. 1085

File No. 99577
Registered No.

FULL NAME OF CHILD Edward Thomas Anderson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy.		Yes.	March 4 1922

What bactericidal solution was used in eyes? Silver 1%

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Archie J Anderson	FULL MAIDEN NAME	Emma Dalker
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	So Dak	BIRTHPLACE	Pa
OCCUPATION	Mail Clerk	OCCUPATION	Home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7.259 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Coughlin
J Phy.
(Physician or midwife)

Address Twin Falls

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed March 9 1922 John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls

Street: 429-3d Ave East

County: Twin Falls

File Number: 99577

Registration Dist. No.:

Sex of Child: Male

Date of Birth: 3-4 — 192 2

Father: Archie T. Anderson
Full Name

Mother: Emma M. Decker
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Elwood Thomas Anderson
Child's Name in Full

Archie T. Anderson
Signature of Father or Mother

OVER

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

169-111-042-642

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. Addison Ave. St.

Hospital

Registration District No. 37

File No. 99580

Primary Registration District No. 1085

Registered No.

FULL NAME OF CHILD Amos A. Jordan Jr.

Sex of child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Feb. (Month) 11 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Amos A. Jordan	FULL MAIDEN NAME	Olive Fisher
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Idaho
OCCUPATION	carpenter	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11:50 P. M. (Born alive or stillborn) ...ate above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas R. Scott

(Physician or midwife)

Written names added from a supplemental report.

..... 19.....

Registrar

Address Twin Falls

Filed Mch 9 1922 John F. Loughlin

Registrar

M... IN RESERVED FOR BINDING

WRITE PLAINLY WITH ... THIS ... PERMANENT

7/18/41

AUG 31

962-122-042271

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No. 99581

No. 5th Ave N St.

Primary Registration District No. 1085

Registered No.

Hospital

FULL NAME OF CHILD John Spangler Ross

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Jan (Month) 22 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Harold Herman Ross	FULL MAIDEN NAME	Helen Elizabeth Spangler
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Hawaiian Islands	BIRTHPLACE	Colo.
OCCUPATION	Clerk	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. R. Scott

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls

Filed Mch 9 1922 John S. Coughlin

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. Quincy St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 37 File No. 9958 2

Primary Registration District No. 10 85 Registered No.

FULL NAME OF CHILD Wanda Corrine Kankel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Jan 16 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clayborne W. Kankel	Edith Harris
RESIDENCE	Twin Falls 103 Jackson St.	Twin Falls
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	23	22
BIRTHPLACE	Kansas	So. Dakota
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. P. Scott

(Physician or midwife)

Address Twin Falls

Filed Mch 9 1922 John W. Slaughter
Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

KONKEL

Dup of 1922-334057

641-125-042-295

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 139 Washington Registration District No. 37 File No. 99583

Hospital — Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Max Frazelle
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	1-25-192

What bactericidal solution was used in eyes? argyrol 10%

Number of child of this mother, including present birth 11 Number of child of this mother now living, including present birth 11

FATHER		MOTHER	
FULL NAME	Plato Durham Frazelle	FULL MAIDEN NAME	Mary Ethalia King
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	Wt	COLOR	Wt
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	No Carolina	BIRTHPLACE	No. Carolina
OCCUPATION	Janitor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. R. Van Cott M. D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Twin Falls

Filed Mch. 9 - 192 2 John S. Clough Jr.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

842-102-042-743

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 255-6 No St.

Registration District No. 37 File No. 99584

Hospital ——

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Infant Husted
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	3-2-1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ralph Eugene Husted	FULL MAIDEN NAME	Iva Emma Gitsch
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	Wt	COLOR	Wt
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ill	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	Hswfe

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3.05 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. R. Van Cott
M D
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Twin Falls

Filed Mch 9 1922 John S. Loughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL RE
ED FOR EACH CHI

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls

Street: 225 - 6th Ave. No.

County: Twin Falls

File Number: 99584

Registration Dist. No.:

Date of Birth: Mar. 5, 1922

Sex of Child: Male

Father: Ralph Eugene Husted (Full Name)

Mother: Iva Emma Gatsch (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

The baby being premature it was not named. It lived a few minutes.

(Child's Name in Full)

Mrs. R. E. Husted

(Signature of Father or Mother)

Edwin Cott, M.D.

OVER

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

253.116.042-712

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of Twin Falls.

No. 535 Fifth N. St.

Hospital

Registration District No. 37 File No. 99585

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Clarence Bellem

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes.	Feb. (Month) 16 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Fernando Bellem	FULL MAIDEN NAME	Marie Pasquale
RESIDENCE	Twin Falls.	RESIDENCE	Twin Falls.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Portugal	BIRTHPLACE	Portugal
OCCUPATION	Farming.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hal Bieler M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls Ida.

Filed Mch 4 - 1922 John F. Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 19 1942

MAY 27 1944

755-122-042-415

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of "

No. 918 Blue Lakes Blvd Registration District No. 37 File No. 99586

Hospital Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Henry Harold Penrod
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Feb. 22 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Chester A. Penrod	FULL MAIDEN NAME	Lena Lechie Davis
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ohio	BIRTHPLACE	Texas.
OCCUPATION	Farmer.	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician
(Physician or midwife)

Address Twin Falls Idaho

Filed Mch 9 1922 John T. Coughlin
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 10 1944

362-228-042-996

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED

CERTIFICATE OF BIRTH

County of Twin Falls
City of Twin Falls
No. ____ St.
Hospital ____

Registration District No. 37
Primary Registration District No. 1085

File No. 99587
Registered No. ____

FULL NAME OF CHILD Cobb
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	Feb 28 1922

What bactericidal solution was used in eyes? Argyol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	J Cobb	FULL MAIDEN NAME Leona Irons
RESIDENCE	Twin Falls	Twin Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	32
BIRTHPLACE	Ky.	Penn
OCCUPATION	rancher	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hugh Crandell M.D.
(Physician or midwife)

Address Twin Falls Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Mch 9 1922 John D. Loughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-112-042-385

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital County

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 99588

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Charles Albert Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Feb (Month) 12 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Thomas Gilbert Wilson	FULL MAIDEN NAME Elizabeth Pearl Cherry
RESIDENCE Buhl Ida Route 1	RESIDENCE Buhl Ida Route 1
COLOR White AGE AT LAST BIRTHDAY 34 (Years)	COLOR White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Livingston Co Mo.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 2 30 p M. on the date above stated.

Cesarean Section (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L. Alexander

Phy

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Twin Falls Ida

Filed Mch. 9 1922 John S. Coughlin Registrar

Arg y rol in eyes

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 8 1942.

OCT 1 4 194[illegible]

962-12-042214

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 99589

No. ..... St.

Hospital County

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD William Waller Rose

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Feb. 12th 1922

FATHER	MOTHER
FULL NAME Harrison Benj. Rose	FULL MAIDEN NAME Mary Bauer
RESIDENCE Twin Falls Ida Box 151.	RESIDENCE Twin Falls Ida
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Aldrich So Dk	COLOR White
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 26. (Years)
	BIRTHPLACE Russia
	OCCUPATION House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1.30 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) Chas R Scott

(Physician or midwife)

Address Twin Falls.

Filed Mch 9- 1922 John T Loughlin

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 6 1964

MAY 25 1942

593-119-042-239

Form V. S. No. 11-C—25m-7-21-19

RECEIVED

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital County

Registration District No. 37 File No. 99590

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD William Fay Nicholson Jr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Feb (Month) 19 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	William Fay Nicholson	FULL MAIDEN NAME	Grace Ellen Stradley
RESIDENCE	Twin Falls Ida Route	RESIDENCE	Twin Falls Ida Route
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Hagerstown Ind	BIRTHPLACE	Greenwood Neb
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5.45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson M. D.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Twin Falls, Idaho

Filed Mch 9 - 1922 John T. Coughlin Registrar

Argyrol in eyes.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 6 1973

539-113-042 791

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 99591

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital La Mercede

FULL NAME OF CHILD John Eliopoulos ~~[illegible]~~ ~~Elipolis~~ John

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	2 - 13 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Elipolis Eliopoulos	FULL MAIDEN NAME	Erine Prapas
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Greece	BIRTHPLACE	Greece
OCCUPATION	Section Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hy Leete

Twin Falls Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed Mch. 1 - 1922 [illegible]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blanks below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS

RECEIVED
APR 29 1925
BUREAU OF VITAL STATISTICS

Place of Birth — City: Twin Falls

Street: Boyd Hospital 3 Dawn W.

County: Twin Falls Co.

File Number: 99591

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Feb 13 1925

Father: George Eliopoulos (Full Name)

Mother: Erine Eliopoulos (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

John Eliopoulos
Child's Name in Full

George Eliopoulos
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

442-209-042-113

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls — Registration District No. 137 — File No. 99592

No. 638 - 2nd West St.

Primary Registration District No. 1085 — Registered No.

Hospital —

FULL NAME OF CHILD RUTH ELIZABETH Baby Umbarger

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	— (To be answered only in event of plural births)		—	Yes	2-9-1922

FATHER		MOTHER	
FULL NAME	Ivan Umbarger	FULL MAIDEN NAME	Grace Jackson
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Missouri
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:15 a M. on the date above stated.

(Signature) H M Leete

Twin Falls Ida

(Physician or midwife)

Address

Filed Mch. 9- 1922 John P. Coughlin Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Colorado } ss.
County of Denver }

Certificate No. O 99592

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ruth Elizabeth Umbarger (Name on Original Certificate) who was born (Was Born or Died) on Feb. 9, 22 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his or her knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ruth Elizabeth Umbarger
no middle name		

Subscribed and sworn to before me this 25th
day of December, 1942
Jack M. Straffer
Notary Public, residing at Denver Colorado.
My commission expires Aug. 16th 1944
(Seal)

Signed Mrs. Ivan B. Umbarger
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1221 Cherokee St. Denver, Colo.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JAN 12 1943

951-214-042-755

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 99593

No. 126 - 3rd East St.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Rosalee Maxine Reagan

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	1 (Month) - 14 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Herman Reagan	FULL MAIDEN NAME	Gladys Gee
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Clothes Presser	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn); at 4:45 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hn Leete

Twin Falls Ida

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Mch. 9 - 1922 John S. Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 8 1954

JUN 26 1948

DEC 8 1955

AUG 25 1975

396-107-042-231

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls Registration District No. 37 File No. 99594

No. 335 - 6th West St.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Myrth Croft

Sex of Child	Twin / Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	1 — 7 1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elmer N Croft	FULL MAIDEN NAME	Anna M Blankenship
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:45 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Twin Falls Ida
H N Leete
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Mch 1 1922 John A. Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

132-204-042-593

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 1922

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 135 - 9th Ave. E.

Registration District No. 37 File No. 99595

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Esther Beatrice Albaugh

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	— and —		yes	1 — 4 — 1922

FATHER		MOTHER	
FULL NAME	Earl M Albaugh	FULL MAIDEN NAME	Estella Villott
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Kansas
OCCUPATION	Accountant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9:45 P M.
(Born alive or stillborn)
on the date above stated.

(Signature) H M Leete

Twin Falls Ida
(Physician or midwife)

Address

Filed Mch 1 19 22 John F Coughlin
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
APR 12 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls, Ida.

Street: 135 - 9ave - North

County: Twin Falls

File Number: 99595

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: January 4 1922

Father: Earle M. Alspaugh (Full Name)

Mother: Estella M. Vilett (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Esther Beatrice Alspaugh
Child's Name in Full

E M Alspaugh
Signature of Father or Mother

OVER

JAN 2 0 1977

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

465-206-042-219

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital County

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 99598

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Eva Margaret Donahue

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female	1st	yes	Feb (Month) 6 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Raymond Donahue	FULL MAIDEN NAME	Ida Bartholf
RESIDENCE	253 5th Ave N Twin Falls	RESIDENCE	253 5th Ave North Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Durant Okla.	BIRTHPLACE	Manchester Iowa
OCCUPATION	Auto dealer,	OCCUPATION	House Keeper.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Clouchek M.D.

Physician (W)

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Twin Falls Idaho

Filed Mch 9 — 1922 John F. Loughlin

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 1949

314-102-042-248

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAR 1 192

BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 99601

No. 3rd East St.

Primary Registration District No. 1685 Registered No.

Hospital

FULL NAME OF CHILD Floyd Campbell Junior.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Boy		1	Yes	Feb 2 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Floyd Campbell	FULL MAIDEN NAME	Vida B. Kuykendall.
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Missouri	BIRTHPLACE	Oklahoma
OCCUPATION	Plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J R Morgan

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Twin Falls

Filed Mch 9 1922 John F. Coughlin

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

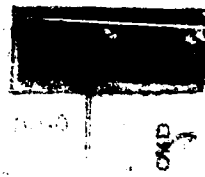
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 6 1942

MAR 28 1973



533-111-042-255 Amended Child's Given Name 11-7-02 LME

Form V. S. No. 11-G—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37

Primary Registration District No. 1085

File No. 99602

Registered No. .....

FULL NAME OF CHILD Frank Beveridge Ellsworth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	2 (Month) 11 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Walter S. Ellsworth	FULL MAIDEN NAME	Marion Beveridge
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Illinois
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was horse alive at 12 30 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Pike

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Ida

Filed Mch 9 1922 John H. Coughlin
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 9 1967

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

3/20/2002

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
VITAL STATISTICS
02 NOV -4 AM 10: 16

State of California
County of Contra Costa } SS.

Certificate No. #22 99602

Date Filed MAR 20 1922

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth, Death, Marriage, etc.)

for UNNAMED ELLSWORTH (MALE) (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on FEB 11 1922 (Date of Event)

in TWIN FALLS ID (TWIN FALLS) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	UNNAMED ELLSWORTH	FRANK BEVERIDGE ELLSWORTH

Subscribed and sworn to before me this 30th day of October, 2002.

Notary Public, [signature]

Residing at 1926 Contra Costa Blvd. Pleasant Hill CA 94523

My commission expires 04-1-2005
(Seal)

INDERJIT S. WALIA
Commission # 1299204
Notary Public - California
Alameda County
My Comm. Expires Apr 1, 2005

X [signature]
Signature of Applicant

1938 Westover Drive
Pleasant Hill Ca 94523
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed _____)

(Is not necessary X)

State of _____
County of _____ } SS.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 COPY

Application for License District of Columbia - Marriage License for Frank Beveridge Ellsworth and Christina Peters married on 2/20/1943 in the District of Columbia. Viewed by V.S.

Certificate of Live Birth for Marion Elizabeth Ellsworth born on 4/28/1949 to Christine Peters and Frank Beveridge Ellsworth born in Oakland (Alameda) California. Viewed by V.S.

239-111-042-553

Form V. S. No. 11-O—[illegible]-8-17

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
MAR 20

Registration District No. 37

File No. 99603

Primary Registration District No. 1085

Registered No. .....

FULL NAME OF CHILD George La Mar Stradley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	2 (Month) 11 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Sam Stradley	FULL MAIDEN NAME	Gertrude Nelson
RESIDENCE	Kimberly Ida.	RESIDENCE	Kimberly Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Salt Lakely, Utah.
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 4 ..... Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 15 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Twin Falls Ida.

Filed Mch 9 1922 John F. Coughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

APR 7 - 1922 BUREAU OF VITAL STATISTICS

Boise, Idaho, ... 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City [redacted]
- ~~Street~~ [redacted]
- County Twin Falls

File Number 99603

Registration Dist. No. .....

Sex of Child Male

Date of Birth February 11 1922

Father Sam C. Stradley
Full Name

Mother Gertrude Nelson
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

George LaMar Stradley
Child's Name in Full

Sam C. Stradley
Signature of Father or Mother

OVER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

964.112.042.553

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 25 1922

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 99604

No. ..... St.

Hospital ..... Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Lincoln Albert Romans

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	2	17	1922

FATHER		MOTHER	
FULL NAME	Chas. Romans	FULL MAIDEN NAME	Martha Nelson
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Kentucky	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was born alive, at 8 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) W. G. C

Physician

(Physician or midwife)

Address Twin Falls Ida.

Filed Mch. 9 - 1922 John F. Loughlin
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
APR 14 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, APR 7 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls

Street: Route 3

County: Twin Falls.

File Number: 99604

Registration Dist. No.:

Date of Birth: Feb. 12 1922.

Sex of Child: Male

Father: Chas. Romans (Full Name)

Mother: Martena Nelsen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lincoln Albert Romans.
Child's Name in Full

Mrs Chas. Romans
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

315-220-0042-433

Form V. S. No. 11-C—Rev-8-5-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No. 99605

No. ..... St.

Primary Registration District No. 1085

Registered No. .....

Hospital .....

FULL NAME OF CHILD Agnes Melvina Lang

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	2 20 22

FATHER	MOTHER
FULL NAME: Andrew Charles Lang	FULL MAIDEN NAME: Margaret Mc Curdy
RESIDENCE: Maple Hill - Twin Falls Ida	RESIDENCE: Twin Falls, Ida
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Indiana	BIRTHPLACE: Illinois
OCCUPATION: Farmer	OCCUPATION: house wife

Number of child of this mother, including present birth 8th Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. C. D. Weaver

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed Mch 9 19 22 John T. Coughlin

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
APR 15 1922
BUREAU OF VITAL STATISTICS

APR 7 - 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County Twin Falls

File Number 99605

Registration Dist. No. .....

Sex of Child Female

Date of Birth Feb. 20 192 2

Father Andrew Charles Lang (Full Name) Mother Margaret McCurdy (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Agnes Melvina Lang
Child's Name in Full

Margaret Lang
Signature of Father or Mother

ER

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

435-220-042-815

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 37 File No. 99606

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Premature

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	2 20 1922

FATHER		MOTHER	
FULL NAME	Roy Herbert McNeeley	FULL MAIDEN NAME	Elizabeth Merineta Hansen
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Colo	BIRTHPLACE	Idaho
OCCUPATION	Butter maker	OCCUPATION	house wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr C.D. Weaver

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address .....

Filed Mch 7 1922 John F. Loughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, APR 7 1922 192.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital impo ance to have the fuH name included in the record. Kindly fill in the information requested in the blank bel and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls

Street: 430 - 4 ave W

County:

File Number: 99606

Registration Dist. No.:

Sex of Child: Female

Date of Birth: 192..

Father: Roy Herbert McNeely (Full Name)

Mother: Meintha Elizabeth (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has ~~been named~~:

died 2 days after birth as it was a pre (Child's Name in Full)

it was not Named. Mrs R H McNeely (Signature of Father or Mother)

ER

NVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
EACH CHILD AND THE SAME COMPLETED WITH THE NAME

- - - - - - - - - - -

registration is part of every child's birthright
ablishes legally the date of the child's birth,
y.
ables the Public Health Nurse to make sure the
d from danger of blindness and other infections

- - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

e correct age for purposes of school attendance.
ployment.
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ght to travel unmolested in foreign lands.
ght to vote.
ght to receive pensions and inherit property.
rnishes acceptable evidence of genealogy.
ght to get married.
st at this time while many of the Ex-Service men
nish certified copies of certificates of birth, i
the certificates be filed with the BUREAU OF VITA
same completed by furnishing the name of the chil

EASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

494-221-042-819

PLACE OF BIRTH

Form V. S. No. 11-O—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No. 99607

No. ..... St.

Primary Registration District No. 1085

Registered No. .....

Hospital .....

FULL NAME OF CHILD ETHEL MARTHA LEE Middleton

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 2 (Month) 21 (Day) 22 (Year)

FATHER		MOTHER	
FULL NAME	Roy Middleton	FULL MAIDEN NAME	Bessie Harrison
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Common Labor	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Ida

Filed Mch 7 1922 John F. Coughlin

Registrar

Registrar

Couple married 2 days after baby's birth

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 17 1972

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 99607

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ethel Martha Lee Middleton

Subscribed and sworn to before me this 9th day of September, 1943

Notary Public, residing at Twin Falls, Ida

My commission expires 12-6-46
(Seal)

Signed Stella Bassett Grand Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Twin Falls, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of September, 1943

Notary Public, residing at Twin Falls Ida

My commission expires 12-6-1946
(Seal)

Signed Mrs L F McCleary
(Signature of Any Credible Person Other Than Previous Year)

307 5th Ave N. Twin Falls Idaho.
(Street Address, City, State)

FEB 17 1972

SEP 13 1943

283-126-042-389

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAR 20 1922

County of Twin Falls

City of Twin Falls Registration District No. 37 File No. 9960 8

No. ____ St.

Hospital ____ Primary Registration District No. 1085 Registered No. ____

FULL NAME OF CHILD Clarence Erwin Tyler

Sex of Child Male | Twin, Triplet or other? (To be answered only in case of plural births) | Number of this birth | Legitimate? yes | Date of Birth 2 26 (Month) (Day) 1922 (Year)

FATHER

FULL NAME Walter Tyler

RESIDENCE Jerome, Ida.

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Arkansas

OCCUPATION Ranching

MOTHER

FULL MAIDEN NAME Mina Childers

RESIDENCE Jerome Ida.

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Missouri

OCCUPATION Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Tyler
Physician
(Physician or midwife)

Address Twin Falls Ida

Given names added from a supplemental report.

____ 19____

____
Registrar

Filed Mch. 9- 1922 John F. Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss. JUL 23 1944 Certificate No.
County of Twin Falls } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Clarence Ervin Kyle (Name on original certificate) who was born (Was born or died) on February 26, 1922 (Date of event)
in Twin Falls, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)

Subscribed and sworn to before me this 22nd
day of July, 1944
F. W. Black
Notary Public, residing at Twin Falls, Ida
My commission expires January 16-1944
[SEAL]

Signed W. H. Kyle, Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
c/o W. A. Childers, R#3 Twin Falls, Ida.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Twin Falls }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd
day of July, 1944
F. W. Black
Notary Public, residing at Twin Falls, Ida
My commission expires January 16-1944
[SEAL]

Signed W. A. Childers
(Signature of any credible person other than the previous affiant)
R#3 Twin Falls, Idaho
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

467-226-042-439

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 20 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Registration District No. 37 File No. 99609

Hospital .....

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Naomi Ruth Dopson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Feb. 26 1922

What bactericidal solution was used in eyes? argyrol 10 %

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Chas. Dopson	FULL MAIDEN NAME	Ivy McIntyre
RESIDENCE	Twin Falls	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 am M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson M D
Physician
(Physician or midwife)

Address Twin Falls, Ida

Filed Mch. 9 1922 John F. Coughlin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, [illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls

Street:

County: Twin Falls Co.

File Number: 99609

Registration Dist. No.:

Date of Birth: Feb. 26 1922

Sex of Child: Female

Father: Charley H. Johnson (Full Name)

Mother: Ivy M. McIntyre (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Naomi Ruth Johnson

Child's Name in Full

Ivy Johnson

Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

330-223-043-451

E OF BIRTH

RECEIVED
MAR 16 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of McCall

Registration District No. 15

File No. 99614

No. _____ St.

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD Tirza Jean Close

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl			8	yes	Jan (Month) 23 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charlie Vernon Close	FULL MAIDEN NAME	Samantha E. Meador
RESIDENCE	McCall	RESIDENCE	McCall
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Ind	BIRTHPLACE	Mo
OCCUPATION	Laborer	OCCUPATION	Teacher

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 5 30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs J. L. McFall

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed Mar 1922 Stella Cain Depy Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 28 1944

6.33.201-043-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of One mile west of Ada

No. ..... St.

Registration District No. 15

File No. 99615

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Elsie Madonna Ott

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 1 1922

What bactericidal solution was used in eyes? 1% D Silver Nitrate Solution

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Amos Ott	FULL MAIDEN NAME	Melissa Withers
RESIDENCE	Ada, Idaho	RESIDENCE	Ada
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Illinois	BIRTHPLACE	Choctaw, Oklahoma
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 7 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... **Registrar.**

(Signature) J. F. Ruttledge M.D.

(Physician or midwife)

Address Cascade Idaho

Filed Mar 1922 Stella Cain Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 31 1974

133-25-043-142

PLACE OF BIRTH

Amended 6-11-56

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of

No. ..... St.

Registration District No. 15 File No. 99616

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD STELLA MONZELL ALLEN
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
FEMALE			YES	1 15 1922

What bactericidal solution was used in eyes? Agno 3

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: John Allen	FULL MAIDEN NAME: Mary Esta Adkins
RESIDENCE: Cabarton	RESIDENCE: Cabarton
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Tenn.	BIRTHPLACE: Tenn.
OCCUPATION: Lawyer	OCCUPATION: Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

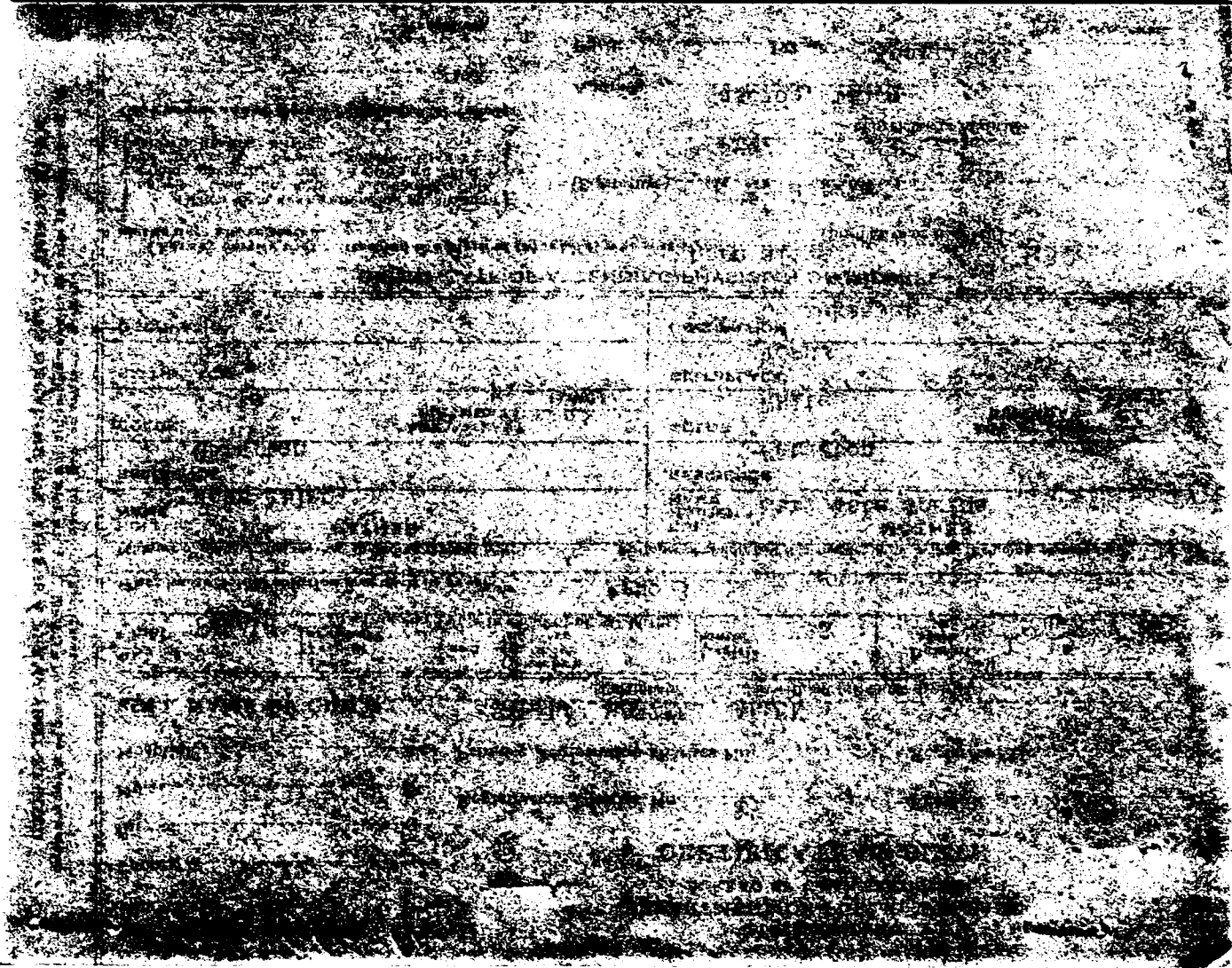
(Signature) G. E. Noggle

Phys.
(Physician or midwife)

Address Cascade, Idaho

Filed Mar 1922 Stella Cain Dep. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 99616
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Mary Allen (Name on Original Certificate) who was born (Was Born or Died) on January 15, 1922 (Date of Event)
in Valley Co., Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Child's birth certificate Idaho File #145676 Mother's birth certificate (Bible Record, Insurance Policy, Etc.) prepared on Tennessee File #468517 Viewed by Vital Statistics (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Mary Allen	Stella Monzell Allen
Mother's name	Edith Hanrahan	Mary Esta Adkins
Mother's age	36	27
Father's age	40	33

Subscribed and sworn to before me this 14th day of June, 1956.
Elizabeth Adelmann
Notary Public, residing at Boise, Idaho
My commission expires 8/12/59
(Seal)

Signed John H. Allen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of June, 1956.
Elizabeth Adelmann
Notary Public, residing at Boise, Idaho
My commission expires 8/12/59
(Seal)

Signed Mrs. John H. Allen
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55.155

859-220-043-818

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of 3 miles East of Cabarton

No. ____ St.

Registration District No. 15

File No. 99617

Hospital ____

Primary Registration District No. ____

Registered No. ____

FULL NAME OF CHILD Dorothy Caroline Herrick

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 20 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate Solution

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Urbain E. Herrick	FULL MAIDEN NAME	Jessie Caroline Haymaker
RESIDENCE	Cabarton Idaho	RESIDENCE	Cabarton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Exira, Iowa	BIRTHPLACE	Lawrence Co. Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Rutledge M.D.

(Physician or midwife)

Address Cascade, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Mar 1922

Della Cain
Deputy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 14 1944

814-229-043-692

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

RECEIVED MAR 10 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of McCall

Registration District No. 15

File No. 99618

No. _____ St.

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD Elsie ELIZABETH Hammon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
girl	2	yes	Jan 29 1922

FATHER		MOTHER	
FULL NAME	Melvin Dixon Hammon	FULL MAIDEN NAME	Ruby Elizabeth Wise
RESIDENCE	McCall	RESIDENCE	McCall
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ten	BIRTHPLACE	Mo
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 10 16 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) mrs J. L. McFall

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address _____

Filed Mar 1922 Stella Cain Depy Registrar

Registrar

S-Y-CO 38071

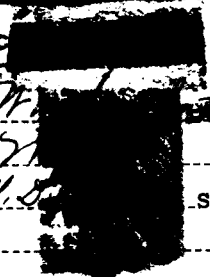
MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 5 1958

866-215
PLAC
044-545



RECEIVED
MAR 2 1922
BUREAU OF VITAL STATISTICS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]
City of [redacted]
No. R. F. D. [redacted] St.
Hospital [redacted]

Registration District No. 86 File No. 99634
Primary Registration District No. 2112 Registered No. 23

FULL NAME OF CHILD Bessie Marguerite Howard
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Feb 15 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Silver Nitrate 1%.

Number of child of this mother, including present birth 3. Number of child of this mother now living, including present birth 3.

FATHER	MOTHER
FULL NAME Robert H. Howard.	FULL MAIDEN NAME Phebe Jane Eder.
RESIDENCE Weiser. Ida.	RESIDENCE Weiser. Ida.
COLOR White. AGE AT LAST BIRTHDAY 31 (Years)	COLOR White. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Illinois.	BIRTHPLACE Nevada
OCCUPATION Barber & Farmer.	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3.30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton M.D.
Weiser Ida
(Physician or midwife)

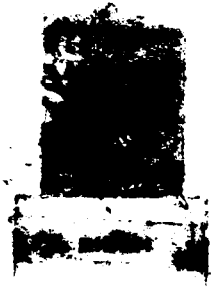
Address

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 2/15 1922 W. R. Hamilton
Registrar.



JUL 14 1943

133202 [illegible]-317

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED MAR [illegible] BUREAU OF V. STA

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. E. Main St.

Hospital

Registration District No. 86 File No. 99635

Primary Registration District No. 1010 Registered No. 24

FULL NAME OF CHILD Virginia Elidice Allen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Jan (Month) 2 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Clar D. Allen	FULL MAIDEN NAME	Mildred B. Taggart
RESIDENCE	Portland Ore	RESIDENCE	Portland Ore
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Dakota	BIRTHPLACE	Oregon
OCCUPATION	Ship-builder	OCCUPATION	house-wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Weiser Idaho

Filed 2/21 1922

W. R. Hamilton D.H.

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 25 1945

MAY 18 1945

JAN 22 1944

MAY 19 1975

1141

299-125-044-942

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cove Creek, Idaho

No. ____ St. ____

Hospital ____

Registration District No. 86 File No. 99636

Primary Registration District No. 2112 Registered No. 25

FULL NAME OF CHILD Meritt Kirk
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? #	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)	5	Yes	1 25 1922

What bacterieidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER

FULL NAME Karl K. Kirk

RESIDENCE Cove Creek. Idaho

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Kansas

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Betsy Ruby

RESIDENCE Cove Creek, Idaho

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Nebraska

OCCUPATION House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley, M. D.
(Physician or midwife)

Address Weiser, Idaho.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 2/2/1922 W. P. Hamilton Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 4 1942

364-420-042-284

PLACE OF BIRTH

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Registration District No. 86 File No. 99637

Hospital ..... Primary Registration District No. 2112 Registered No. 26

FULL NAME OF CHILD Betty Louise Couper
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb 20 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	A. Odon Couper	FULL MAIDEN NAME	Effie Symes
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ore	BIRTHPLACE	Washington
OCCUPATION	Stockman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn **at** 5 P.M. **M.** **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton M.D.
(Physician or midwife)

Address Weiser Idaho

Filed 2-22 1922 W. R. Hamilton
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS

Boise, Idaho, APR 1 - 1922 .....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City ..... Street ..... County .....

File Number 99637

Registration Dist. No. .....

Sex of Child ..... Female .....

Date of Birth .....192....

Father ..... Mother .....
Full Name Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

ned)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 99637

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on February 20, 1922 (Date of Event)
in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Unnamed	Betty Louise Couper

Subscribed and sworn to before me this 22nd day of March, 19 63

Notary Public, residing at Boise, Idaho

My commission expires Feb 23 - 1964

(Seal)

Signed Mrs. Ellis M Couper
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

MAR 20 1964

Certified copy of own child's birth certificate, State of Oregon, Bureau of Vital Statistics issued June 13, 1946. Child born March 16, 1946 gives mother's name as Betty Louise Couper. viewed by V.S.

Marriage License and Certificate gives name as Betty Louise Couper Issued by the State of Idaho County of Washington, Ed Cunningham, Minister on March 11, 1943.

Viewed by V. S.

619-202-044-943

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 723 E Main St.

Registration District No. 86 File No. 99638

Primary Registration District No. 1010 Registered No. 27

Hospital

FULL NAME OF CHILD Ethel Sorraine Warner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb 2 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George C Warner	FULL MAIDEN NAME	Mamie Ruter
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Boston Mass	BIRTHPLACE	Ind.
OCCUPATION	R.R. Fireman	OCCUPATION	housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse
physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Weiser Idaho

Registrar

Filed 3/2 1922 W. R. Hamilton by D.H. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 20 1945

731-117-044-556

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Washington

CERTIFICATE OF BIRTH

City of Weiser

Registration District No. 86 File No. 99639

No. Crystal Station St.

Primary Registration District No. 2112 Registered No. 28

Hospital

FULL NAME OF CHILD Lester Clinton Glascock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Feb 17 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clinton Glascock	FULL MAIDEN NAME	Annie Newcott
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Weiser Ida	BIRTHPLACE	Germany
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11.45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Walerhouse

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Weiser Ida

Registrar

Filed 3/2 1922

W. C. Hamilton
D.A.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 8 1968

134-122-044-622

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

County of Washington

City of Weiser

Registration District No. 86 File No. 99640

No. ..... St.

Primary Registration District No. 2112 Registered No. 29

Hospital .....

FULL NAME OF CHILD Richard Alderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Feb 22 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy V. Alderson	FULL MAIDEN NAME	Ethel Osborn
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Okla
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Walkhouse
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Ida

Registrar

Filed 3/2 1922 W. A. Hamilton D.H. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 8 1945

559-123-044-285

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 99641

No. ..... St.

Primary Registration District No. 2112 Registered No. 30

Hospital .....

FULL NAME OF CHILD Charles Harold Vertner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb 23 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl Vertner	FULL MAIDEN NAME	Maude L. Sheldon
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Mo	BIRTHPLACE	
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 5 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. M. Waterhouse
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Ida

Registrar

Filed 3/2 1922 W. R. Hamilton D.A. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

APR 7 - 1922

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Weiser Idaho

Street: .....

County: .....

File Number: 99641

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: February 23 1922

Father: Carl Vertrees
Full Name

Mother: Maida Sheldon
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Charles Harold Vertrees
Child's Name in Full

Mrs. Maida Vertrees
Signature of Father or Mother

AB

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

FEB 12 1954

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

312-102-044-419

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 99642

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Harry Conard Cable

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	3/ 2/22 192...

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER	MOTHER
FULL NAME: Elvin Wallace Cable	FULL MAIDEN NAME: Glenela Martin
RESIDENCE: Vacinity of Cambridge	RESIDENCE: Vacinity of Cambridge
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Missouri
OCCUPATION: Rancher	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) E. A. Wiseman

Physician (Physician or midwife)

Address Cambridge, Idaho.

Filed 4/11/22 192..

Registrar.

S WHY A CERTIFICATE OF BIR
ND THE SAME COMPLETED WIT

The name of your baby was not filled [redacted] sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Cambridge

Street:

County: Washington

File Number: 99642

Registration Dist. No.:

Sex of Child: Male

Date of Birth: March 1, 192[illegible]2

Father: Elmer Wallace Cable (Full Name)

Mother: Glenola Wan[illegible] (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Harry Leonard Cable

Child's Name in Full

Elmer Wallace Cable

Signature of Father or Mother

Birth registration is part of every child's birthright.
It establishes legally the date of the child's birth, parentage itimacy.

It enables the Public Health Nurse to make sure the child has otected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.

Just at this time while many of the Ex-Service men are com- furnish certified copies of certificates of birth, it is im- hat the certificates be filed with the BUREAU OF VITAL STATIS- the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

289-210-044-212

PLACE OF BIRTH

County of Washington

City of

No. St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. File No. 99643

Primary Registration District No. Registered No.

FULL NAME OF CHILD Joyce Shroyer
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	3/10/22 192

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Jas. Earl Shroyer	FULL MAIDEN NAME: Margaret Lucy Bassett
RESIDENCE: Vacinity Cambridge	RESIDENCE: Vacinity Cambridge
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 20 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Arkansas	BIRTHPLACE: Missouri
OCCUPATION: Rancher	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 2:30P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E A Wiseman

Physician (Physician or midwife)

Address Cambridge

Filed 4/11/22 192

Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 29 1942

DECEASED

312-214-044-967

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of

No. St.

Hospital

Registration District No.

File No. 99644

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Roberta Claris Castle
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	3/14/22 192

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Clay Coy Castle	FULL MAIDEN NAME Ruby May Rogers
RESIDENCE Vacinity Cambridge	RESIDENCE Vacinity Cambridge
COLOR White AGE AT LAST BIRTHDAY 37 (Years)	COLOR White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Michigan	BIRTHPLACE So. Dakota.
OCCUPATION Wood cutter	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:30 A.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Wilkinson

Physician (Physician or midwife)

Address Cambridge Ida.

Filed 4/1/22 192 [signature] Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-114-044-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge — Registration District No. 88 — File No. 99645

No. ____ St. — Primary Registration District No. ____ — Registered No. ____

Hospital Burns

FULL NAME OF CHILD Robert Brennan Burke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male	__	____	Yes	Mar. 14/22 1918 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl Edward Burke	FULL MAIDEN NAME	Alma Burns
RESIDENCE	Cambridge, Ida.	RESIDENCE	Cambridge, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Heath, Idaho.	BIRTHPLACE	Meridian, Ida.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:00 A. M. on the date above stated.

(Signature) J. W. Whiteman

(Physician or midwife)

Address Cambridge, Ida.

Filed 4/1/22 19.....

J. W. Whiteman
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 18 1947

APR 16 1953

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466-204-002-9[redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Indian Valley, Ida. Registration District No. 88 File No. 99646

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Florence A. Moore

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	--		--	Yes	Mar. (Month) 4 (Day) '22 (Year) 191

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Samuel Edesso Moore	FULL MAIDEN NAME	Nellie Eliza Rose
RESIDENCE	Indian Valley, Idaho	RESIDENCE	Indian Valley, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician or midwife)

Given names added from a supplemental report.

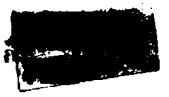
_____ 19__

_____ Registrar

Address Cambridge, Idaho.

Filed 3-5-22 19__ [signature] Registrar

S-Y-CO 38071



SEP 9 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

BUREAU OF [illegible] STATISTICS

99647

City of Cambridge Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Wilma Loraine Endsley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth 1 (Month) 8 (Day) 1922 (Year)
Girl			

	FATHER		MOTHER
FULL NAME	Albert Ray Endsley	FULL MAIDEN NAME	Eunice Blanche Thorp
RESIDENCE	Cove	RESIDENCE	Cove
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Eskridge Kansas	BIRTHPLACE	Goodrich Idaho
OCCUPATION	Rancher	OCCUPATION	Rancher

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 3 oz m alive (Born alive or stillborn) at 9:00 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R M Whiteman

(Physician or ~~midwife~~)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Cambridge Idaho

Filed 3/13 1922 R M Whiteman Registrar

S-Y-CO 38071

[redacted]

MAY 22 1961

369-109.002-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

[redacted]ATE OF IDAHO
[redacted] OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99648

County of Adams

City of

No. St.

Hospital

Registration District No. File No.

Primary Registration District No. Registered No.

FULL NAME OF CHILD James Russel Coriell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
boy			Jan 9 1922

FATHER	MOTHER
FULL NAME Charles Elmer Coriell	FULL MAIDEN NAME Edna Pearl Johnson
RESIDENCE Indian Valley Ida	RESIDENCE Indian Valley Ida
COLOR Dark AGE AT LAST BIRTHDAY 38 (Years)	COLOR Light AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Colfax Washington	BIRTHPLACE Umatilla County Oregon
OCCUPATION Farming	OCCUPATION Farming

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:00 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R M Futeman

(Physician or midwife)

Given names added from a supplemental report.

19

Address Cambridge Idaho

Filed 3/5/22 R M Futeman

Registrar Registrar

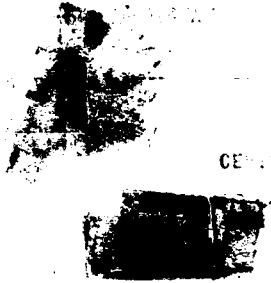
S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 3 1944



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

769-01-044-859

PLACE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

[redacted] STATE BOARD OF HEALTH

Form V. S. No. 11—25m-6-18-18

[redacted] CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. _____ St.

Hospital _____

Registration District No. 87

Primary Registration District No. _____

File No. 99649

Registered No. _____

Full Name of Child _____

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male.			yes	Feb. 1 1922

FATHER

FULL NAME: John Pfenning.

RESIDENCE: Midvale Idaho

COLOR: White AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Alice Heinrich

RESIDENCE: Midvale Idaho

COLOR: White AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Oregon

OCCUPATION: House Wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 noon M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. A. Schmidt M.D.
(Physician or midwife)

Address Midvale Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 4-1- 1922 T. A. Schmidt
Registrar

PFENNING

Dup of 1922-278572

10T

219-226-04-1-796

PLACE OF BIRTH

RECEIVED APR 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-6-15-18

County of Washington

City of Wilson

No. ..... St.

Hospital .....

Registration District No. 87

Primary Registration District No. .....

File No. 99650

Registered No. .....

Full Name of Child Wanda May Bambridge

SEX OF CHILD	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	DATE OF BIRTH
Girl		yes	3 (Month) 26 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME: Forist Edmond Bambridge	FULL MAIDEN NAME: Iva May Gross
RESIDENCE: Wilson Idaho RR#2	RESIDENCE: Wilson Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 21 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Okla
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth 1 .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmitz M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Midvale Idaho

Filed 4-1-1922 F A Schmitz

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRT
OR EACH CHILD AND THE SAME COMPLETED WITH

The name of your baby was not filled in on the birth certificate sent to [redacted]. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Weiser

Street:

County: Washington

File Number: 99650

Registration Dist. No.:

Date of Birth: March 25 1922

Sex of Child: Female

Father: Forrest Edmon Bainbridge (Full Name)

Mother: Iva May Gross (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Wanda May Bainbridge
Child's Name in Full

Mrs. F. E. Bainbridge
Signature of Father or Mother

OVER

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

546-130-044-866

PLACE OF BIRTH

County of Washington

City of Nampa

No. _____ St.

Hospital _____

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18-18

CERTIFICATE OF BIRTH

Registration District No. 87

Primary Registration District No. _____

File No. 99651

Registered No. _____

Full Name of Child Arnold Melvin Emery

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male.			yes	Jan. 30 1922

FATHER

FULL NAME Claude Emery

RESIDENCE Nampa Idaho

COLOR White. AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Anna Julia Hoffer

RESIDENCE Nampa Idaho

COLOR White. AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Idaho

OCCUPATION House wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmuck M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address Nampa Idaho

Filed 4-1-1922 F. A. Schmuck Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 26 1971

365-115-044-695

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

Registration District No. 87

File No. 99652

Primary Registration District No. .....

Registered No. .....

Full Name of Child Archie Frank Love

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
male			yes	3 (Month) 10 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Vernon Love	FULL MAIDEN NAME	Jennie Marie Winder
RESIDENCE	Cambridge Idaho	RESIDENCE	Cambridge Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	~~H~~ Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmidt M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Midvale Idaho

Filed 4-1-1922 F A Schmidt

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

REASONS [illegible] OF [illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Cambridge

Street:

County: Washington

File Number: 99652

Registration Dist. No.:

Date of Birth: March 15 1922

Sex of Child: Male

Father: Frank Vernon Love (Full Name)

Mother: Jennie Marie Winder (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Archie Frank Love
Child's Name in Full

Mrs. Jennie Marie Love
Signature of Father or Mother

ER

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

165-104-094-215

PLACE OF BIRTH

RECEIVED APR 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No.

County of Washington

City of Midvale

Registration District No. 87 File No.

No. ..... St.

Primary Registration District No. ..... Registered No.

Hospital .....

Full Name of Child Houston Burl Jones

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	DATE OF BIRTH
male.				yes	

FATHER		MOTHER	
FULL NAME	Andrus Jones	FULL MAIDEN NAME	Mary Bell [illegible]
RESIDENCE	Weiser Idaho R #2	RESIDENCE	Weiser Idaho
COLOR	White	AGE AT LAST BIRTHDAY	21 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Okla	BIRTHPLACE	~~Okla~~ Mo.
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including this birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, on the date above stated. 9 M

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

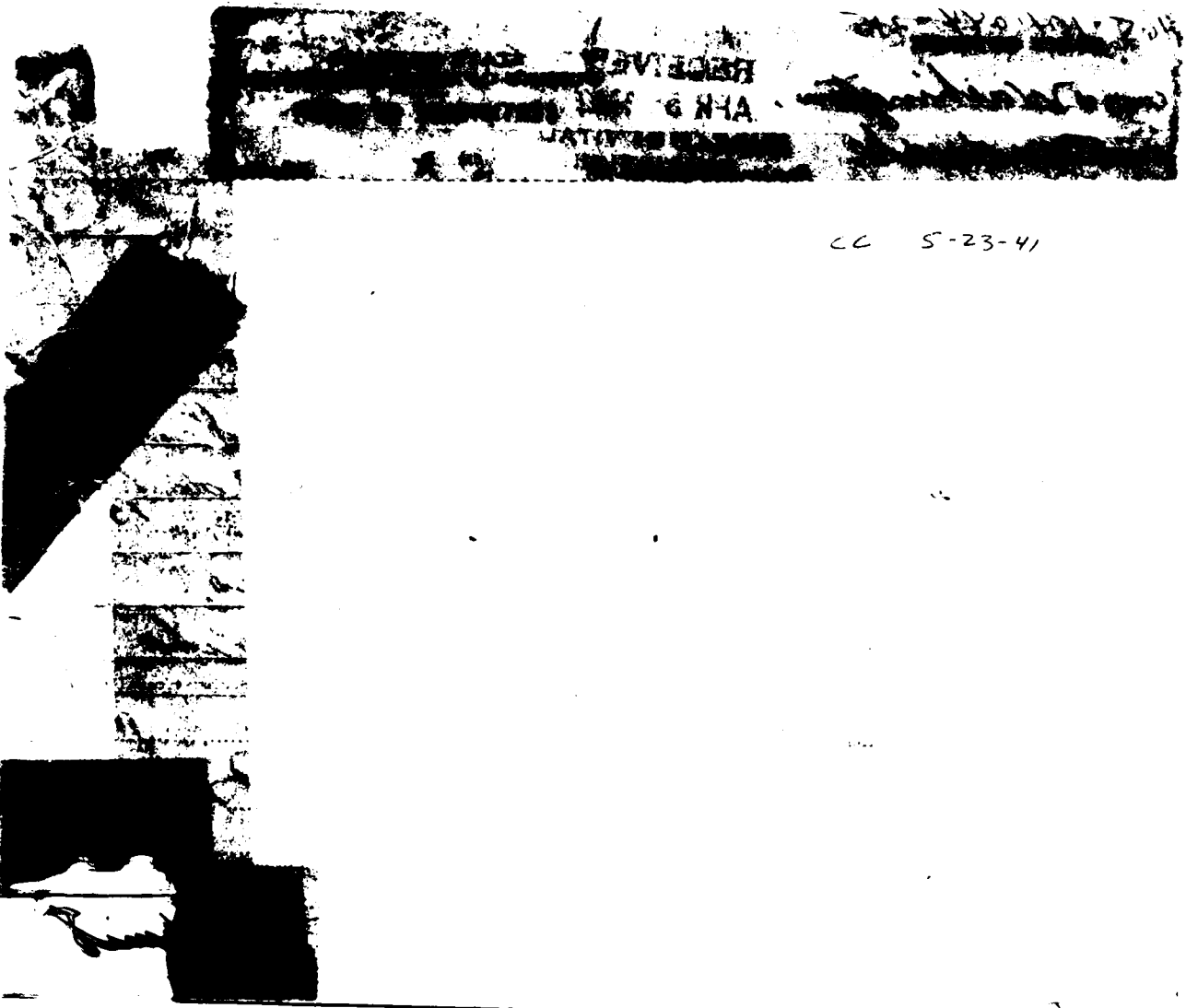
Address Midvale

Filed 4-1-1922 [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



CC 5-23-41

294-206-044-165

FORM OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Washington
City of Midvale
No. 1 St.
Hospital

Registration District No. 87
Primary Registration District No.

File No. 99654
Registered No.

Full Name of Child GLENNA EDITH BRUCE

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Girl			yes	March 6 1922

FATHER		MOTHER	
FULL NAME	Raymond J Bruce	FULL MAIDEN NAME	Pearl Jones
RESIDENCE	Weiser, Idaho R R #2	RESIDENCE	Weiser Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
COLOR	White	AGE AT LAST BIRTHDAY (Years)	15
BIRTHPLACE	Nebraska	BIRTHPLACE	Okla
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fa Schmidt M D
(Physician or midwife)

Address Midvale Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 4-1- 1922 Fa Schmidt
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. Certificate No. 99654

County of Clark } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Unamed Baby Bruce (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on March 6 1922 (DATE OF EVENT)

in Weiser, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by own knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on March 6 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	GlennaEdith Bruce

Subscribed and sworn to before me this 16 day of February, 1943.

John D Jurrie

Notary Public, residing at Kansas

My commission expires 6-13-1944

(SEAL)

Signed Pearl McLean

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

her Mother

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.

County of Clark }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of February, 1943.

John D Jurrie

Notary Public, residing at Kansas

My commission expires 6-13-1944

(SEAL)

Signed Mrs. Olena Mae Lee

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

R. 2 Box 133 Washougal Wash.

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

FEB 23 1943

559-122-044-853

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. _____ St.

Hospital _____

Registration District No. 87

Primary Registration District No. _____

File No. 99656

Registered No. _____

Full Name of Child Julian Arlough Neil

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
male			yes	Mar 22 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chester Leo Neil	FULL MAIDEN NAME	Anna Marie ~~Neil~~ Hith
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Okla
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address ~~Midvale~~ Midvale

Registrar

Filed 4-1-1922 F. A. Schmitz

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 1942

APR 13 1955

APR 29 1942

365-103-044-893

PLACE OF BIRTH

RECEIVED
APR 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

County of Washington

City of Emmett

No. _____ St.

Hospital _____

Registration District No. 87

Primary Registration District No. _____

File No. 99657

Registered No. _____

Full Name of Child Max Tondl

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Boy			yes	January 3 1922

FATHER

FULL NAME: Frank Tondl

RESIDENCE: Emmett Idaho

COLOR: White AGE AT LAST BIRTHDAY: 45 (Years)

BIRTHPLACE: Mo

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Rosa Nellis Hutsko

RESIDENCE: Emmett Idaho

COLOR: White AGE AT LAST BIRTHDAY: 42 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Home Wife.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmutz M. D.

(Physician or midwife)

Address Emmett Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Feb 1 1922

F. A. Schmutz

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

393-119-014-763

PLACE OF BIRTH

STATE [redacted] DEPARTMENT OF [redacted] ELFARE
BUREAU OF V[redacted] STICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 716 Cleveland St. Registration District No. 3 File No. 99659

Hospital Primary Registration District No. 125 Registered No. 36

FULL NAME OF CHILD Willis Lee Little
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	Yes	2/19 192

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Oliver Lloyd Little	FULL MAIDEN NAME: Mary Bell Potts
RESIDENCE: 716 Cleveland, Caldwell, Idaho	RESIDENCE: 716 Cleveland, Caldwell, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Idaho
OCCUPATION: Machinist	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) C. M. Kaley M.D.
(Physician or midwife)

Address Caldwell, Idaho

Filed Feb. 22 1922 John V. Meyer Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

REASONS WHY A CERTIFICATE C
CH CHILD AND THE SAME COMPLETE

- - - -

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Caldwell Idaho

Street: 716 Cleveland Blvd

County: Canyon

File Number: 99659

Registration Dist. No.:

Date of Birth: Feb 19th 192 2

Sex of Child: Male

Father: Oliver Lloyd Little (Full Name)

Mother: Mary Belle Potts (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Willis Lee Little

Child's Name in Full

O. L. Little

Signature of Father or Mother

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

813-201-037-522

PLACE OF BIRTH

ST[redacted]

DEPARTMEN[redacted]E

BUREA[redacted]STICS

CERTI[redacted]IRTH 99660

RECEIVED MAR 20 1922 BUREAU OF VITAL STATISTICS

County of Owyhee

~~City of~~ Grand View Valley

No. ..... St. Registration District No. 74 File No. 1

Hospital ..... Primary Registration District No. 2151 Registered No. 30

FULL NAME OF CHILD Jacqueline Hacksma

(Certificate of no value without full name of child.)

Sex of Child	Twin ~~Triplet or other?~~ and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	2 (To be answered only in event of plural births)	Yes	Mar. 1 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 11 Number of child of this mother now living, including present birth 10

FATHER		MOTHER	
FULL NAME	Jacob John Hacksma	FULL MAIDEN NAME	Phroney Ebbens
RESIDENCE	Grand View Valley	RESIDENCE	Grand View Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Holland	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. J. Eikenbeck

Physician (Physician or midwife)

Address Grand View

Filed Mar. 10 1922 W J Eikenbeck Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

437-104-001-791

PLACE OF BIRTH

Form V. No. 11-C-25m-7-21-19

RECEIVED MAY 8 1922 BU[illegible]TAL

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

99663

99663

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1005 N 12th St.

Hospital St Alphonsus

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 41

FULL NAME OF CHILD ~~Adam~~ McGovern James Griffith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	4 - 4 - 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. P. McGovern	FULL MAIDEN NAME	Agnes Gray
RESIDENCE	Boise, Ida	RESIDENCE	Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:20 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D P Higgs

MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address 402 Idaho Bldg.

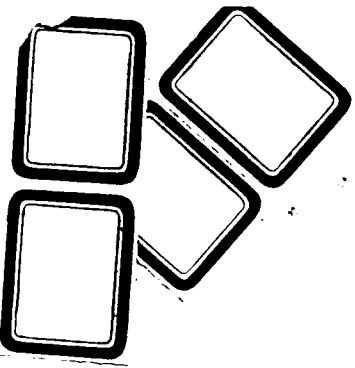
Filed Apr 7 1922 R. N. Pratt

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



349-202-001-695

PLACE OF BIRTH

Amended May 19, 1959

County of Ada

City of Boise

No. 819 N. 21st St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 99664

Primary Registration District No. 1004 Registered No. 142

FULL NAME OF CHILD Evelyn Bernice Turner
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	4- 2- 192 2

What bacteriocidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Harmon Elwin Turner	FULL MAIDEN NAME: Bessie Gertrude Fincher
RESIDENCE: 819 N. 21st St., Boise, Idaho	RESIDENCE: 819 N. 21st St., Boise, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Candy-Maker	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:00 P.M. on the date above stated.

(Signature) Dr. J. Carl Hill

Physician (Physician or midwife)

Address Empire B., Boise, Idaho

Filed Apr. 7 192 2 R.H. Pratt
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Own child's birth cert. #342370, viewed by V.S. gives correct name; Bible Record obviously old, gives name as Evelyn Bernice Turner, viewed by V.S.

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 99664

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Evealyn Birnease Turner (Name on Original Certificate) who was born (Was Born or Died) on 4-2-1922 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth-Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Evealyn Birnease Turner	Evelyn Bernice Turner

Subscribed and sworn to before me this ..... day of March, 1959

Hazel L. Turlbeck

Notary Public, residing at Eagle Idaho

My commission expires Sept 28, 1960

(Seal)

Signed Bessie Turner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

McCall Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of March, 1959

Hazel L. Turlbeck

Notary Public, residing at Eagle Idaho

My commission expires Sept 28, 1960

(Seal)

Signed Harmon Turner
(Signature of Any Credible Person)

Box 302 McCall Ida
(Street Address, City, State)

FORM DPH 55.155

2 documents - full name

Bible -

915-201-001-255

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 8 1922
BUREAU

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 99665

No. ____ St.

Primary Registration District No. 1004

Registered No. 173

Hospital St. Luke's

FULL NAME OF CHILD Theora Bergl Randall

Sex of Child Female

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth 4 (Month) - 1 (Day) - 1922 (Year)

FATHER

FULL NAME Theo. Wm. Randall

RESIDENCE 1407 Grove St, Boise, Idaho

COLOR White

AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Idaho

OCCUPATION Auto dealer

MOTHER

FULL MAIDEN NAME Marguerite Benton

RESIDENCE 1407 Grove St, Boise, Idaho

COLOR White

AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill a.B.

Physician (Physician or midwife)

Address Empire B. Boise, Idaho

Given names added from a supplemental report. ____ 19____

Registrar.

Filed Apr 7 1922 R. N. Todd Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: 1407 Grove

County: Ada

File Number: 99665

Registration Dist. No.:

Sex of Child: Female

Date of Birth: April 1 192.2.

Father: Thos William Randall (Full Name)

Mother: Marguerite Amelia Denton (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Theora Beryl Randall

Child's Name in Full

Mrs. Thos. W. Randall

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

719-130-001-719

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 8 1922
BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

No. ..... St.

Registration District No. 2 File No. 99666

Hospital St Alphonso Primary Registration District No. 1004 Registered No. 144

FULL NAME OF CHILD Everett Wm Paris
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		No	Mar 30 1922

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth — Number of child of this mother now living, including present birth —

FATHER		MOTHER	
FULL NAME	—	FULL MAIDEN NAME	Miss D Paris
RESIDENCE	—	RESIDENCE	— 523 S 16
COLOR	— AGE AT LAST BIRTHDAY — (Years)	COLOR	White AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	—	BIRTHPLACE	
OCCUPATION	—	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bosk
(Physician or ~~midwife~~)

Address Boise Ida

Filed Apr 7 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] 1922

[illegible] TAL

[illegible]

Boise, Idaho, ... [illegible] 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Boise
- Street: 53 Lyd 16th St.
- County: Ada

File Number: 99666

Registration Dist. No. .....

Date of Birth: Mar. 30 1922

Sex of Child: Male

Father ..... Full Name

Mother: Dora M. Paris — Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Everett William Paris — Child's Name in Full

Dora M. Paris — Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

794-227-[redacted]

Form V. S. No. 11-G—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 99667

No. 623 So 13 St.

Primary Registration District No. 1004

Registered No.

Hospital

FULL NAME OF CHILD Mary Ellen Pruett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Mar 27 1922

	FATHER		MOTHER
FULL NAME	Jackson Leira Pruett	FULL MAIDEN NAME	Mary Fackrell
RESIDENCE	623 So 13	RESIDENCE	623 So 13
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Paris Miss.	BIRTHPLACE	Taylor Ariz
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 5.40 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. H. Handy
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address McCarty Bldg Boise Ida

Registrar

Filed Apr 7 1922 R. H. Price Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Jackson Leira Pruett

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 79667

Date Filed ..... Birth
(Birth or Death)

The undersigned does solemnly swear that certain facts on the certificate of for Unnamed Pruett (Name on Original Certificate) who born (Was Born or Died) on Mar 27, 1922 (Date of Event) in Boise, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by mother (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Pruitt	Mary Ellen Pruett

Subscribed and sworn to before me this 19th day of May, 1942

Notary Public, residing at Boise Idaho

My commission expires March 15 - 1946
(Seal)

Signed Mary D Pruett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

..... (Street Address, City, State)

DEC 3 1968

MAY 20 1942

957-218'001-459 09

PLACE OF BIRTH

Form V. S. No. 11-G—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED MAY 8 1922 BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

No. ..... St.

Hospital .....

Registration District No. 2

Primary Registration District No. 1004

File No. 99669

Registered No. 147

FULL NAME OF CHILD Rosemary Regan

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	March 18 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm. V. Regan	FULL MAIDEN NAME	Mary E. Merle
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Silver City, Idaho	BIRTHPLACE	San Francisco, Cal
OCCUPATION	Manager Overland Co.	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Boise Idaho

Filed Apr 7 1922 R. H. Pratt

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 24 1959

APR 1 1943

319-117-001-863

PLACE OF BIRTH

RECEIVED MAY 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99670

County of Ada

City of Boise

No. ..... St.

Registration District No. 2

File No. .....

Hospital St Alphonsus

Primary Registration District No. 1004

Registered No. 148

FULL NAME OF CHILD Lyle C. Carey
(Certificate of no value without full name of child.)

Sex of Child	Twin ~~Triplet~~ or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male	✓		2	Yes	3	17	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Franklin Pierce Carey	FULL MAIDEN NAME	Edith Hollcraft
RESIDENCE	211 S 6th St. Boise	RESIDENCE	211 S 6th Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Blacksmith	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm A Koelsch M.D.
(Physician or midwife)

Address Boise Idaho

Filed Apr 7 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-1171001-863

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99671

County of Ada

City of Boise

No. ..... St. Registration District No. 2 File No. .....

Hospital St Alphonsus Primary Registration District No. 1004 Registered No. 49

FULL NAME OF CHILD Loyd S Carey
(Certificate of no value without full name of child.)

Sex of Child	Twin ~~Triplet or other~~?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	L		1	Yes	March 17 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Franklin Pierce Carey	FULL MAIDEN NAME	Edith Hollcraft
RESIDENCE	211 S. 6th. Boise Ida.	RESIDENCE	211 South Sixth-Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Blacksmith	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm A. Koelsch M.D.
(Physician or midwife)*

Address Boise Idaho

Filed Apr 7 1922 R. H. Pond
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266-229-00-295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED MAY 8 1933 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-G—20m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital St. Lukes

Registration District No. 2

Primary Registration District No. 1004

File No. 99672

Registered No. 150

FULL NAME OF CHILD Margaret Ann Boone

Sex of Child Female

Twin / Triplet / or other? (To be answered only in event of plural births) — and — Number in order of birth —

Legitimate? yes

Date of Birth January 29 1933 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: L. L. Boone	FULL MAIDEN NAME: Margaret King
RESIDENCE: Boise, Idaho	RESIDENCE: Boise, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Caldwell, Idaho	BIRTHPLACE: Nampa, Idaho
OCCUPATION: Lawyer	OCCUPATION: House wife

Number of child of this mother including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 1.45 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla M.D.

L. P. McCalla M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Boise Idaho

Filed May 7 1933

R. H. Ball

Registrar

964-207-001-763

PLACE OF BIRTH

County of Ada

City of Boise

No. 1606 N 26 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-9

Registration District No. 2

File No. 9967

Primary Registration District No. 1004

Registered No.

FULL NAME OF CHILD Glenna Roundy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Y
Female		yes	March 7 19

FATHER		MOTHER	
FULL NAME	Myron Elwin Roundy	FULL MAIDEN NAME	Marie Pollock Roundy
RESIDENCE	1606 N 26	RESIDENCE	1606 N 26
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Henrysville Utah	BIRTHPLACE	Tropic Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9.30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. H. Handy

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address McCarty Bldg Boise

Filed Apr 7 1922 R. M. Pratt

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certificate of baptism gives name as Glenna Roundy. Dated September 10, 1930.
Viewed by VS.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 99673

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Roundy (Name on Original Certificate) who was born (Was Born or Died) on March 7, 1922 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Glenna Roundy

Subscribed and sworn to before me this 17 day of May, 1961

Hazel L. Hurlbert
Notary Public, residing at Eagle Idaho
My commission expires Sept. 28, 1964
(Seal)

Signed M E Roundy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Meridian Box 596
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 4-11-61. one copy pd. receipt #14544.

Statement regarding school record gives name as Glenna Roundy. Dated 1928-1929. Viewed by Vs. Gives birth date as March 7, 1922.

MAY 18 1961

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-212-001-386

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED

CERTIFICATE OF BIRTH

99674

County of Ada

City of Boise

Registration District No. 2

File No.

No. St.

Primary Registration District No. 1004

Registered No.

Hospital St. Lukes

FULL NAME OF CHILD Jane Thompson Schooler

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth 3 (Month) - 12 (Day) - 1922 (Year)

FATHER	MOTHER
FULL NAME Cleo John Schooler	FULL MAIDEN NAME Bertha Thompson
RESIDENCE 1213 E. Washington, Boise	RESIDENCE 1203 E. Washington St. Boise.
COLOR White	AGE AT LAST BIRTHDAY 31 (Years)
COLOR White	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Utah
OCCUPATION State Insurance Claims Adjuster	OCCUPATION Housewife.

Number of child of this mother, including present birth 1 | Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:25 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill

Physician (Physician or midwife)

Address Empire Bldg, Boise, Ida

Given names added from a supplemental report. 19

Registrar.

Filed Apr 7 1922

R. N. Peak Registrar.

OCT 1 0 1969

944-712-001-943

PLACE OF BIRTH

Form V. S. No. 11---20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1208 N. 7th St.

Hospital St. Luke's

Registration District No. 2 File No. 99675

Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD John Richards Rummell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—			Yes	March 12 1922

FATHER	MOTHER
FULL NAME: Ernest Clyde Rummell	FULL MAIDEN NAME: Nell Richards
RESIDENCE: 1208 N 7th	RESIDENCE: 1208 N 7th
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Bighorn, Wyo.	BIRTHPLACE: Denver, Colo.
OCCUPATION: Salesman	OCCUPATION: Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Coleman

M. D.
(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report.

19 ____

Registrar.

Filed Apr 12 1922 R. H. Pratt
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 19 1942

RELEASED

944-112-001-993

PLACE OF BIRTH

RECEIVED

MAR 6 1922

BUR

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1208 N 7th St.

Hospital St. Luke's

Registration District No. 2 File No. 99676

Primary Registration District No. 1004 Registered No. 1-1

FULL NAME OF CHILD Ernest Waldo Rummell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	March 12 1922

FATHER		MOTHER	
FULL NAME	Ernest Clyde Rummell	FULL MAIDEN NAME	Nell Richards
RESIDENCE	1208 N 7th	RESIDENCE	1208 N 7th
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Bighorn Wyns.	BIRTHPLACE	Denver Colo.
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 - a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Clem

M.O.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar.

Address Boise Idaho

Filed Apr 12 1922 R. H. Pratt
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-173-001-391

PLACE OF BIRTH

RECEIVED MAR 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada BUR STAT

City of Boise

No. _____ St.

Registration District No. 2 File No. 99677

Hospital St. Luke's Primary Registration District No. 1004 Registered No. 155

FULL NAME OF CHILD Chester Bidwell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Mar. 23 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Chester M. Kennedy	FULL MAIDEN NAME	Eleanor Cram
RESIDENCE	Gateway, Oregon	RESIDENCE	Gateway, Oregon
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Iowa	BIRTHPLACE	Oregon
OCCUPATION	Stockman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 55 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. V. Braxton M.D.
(Physician or midwife)

Address Boise, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Apr 12 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-231-001-212

PLACE OF BIRTH

RECEIVED MAY 8 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 617 Ash St.

Registration District No. 2 File No. 99678

Primary Registration District No. 1004 Registered No. 156

Hospital St Alphonsus

FULL NAME OF CHILD Ludemma Rose

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	3 31 1922

FATHER	MOTHER
FULL NAME D J Rose	FULL MAIDEN NAME Lillian Baker
RESIDENCE Boise, Ida	RESIDENCE Boise, Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Ore
OCCUPATION Mechanic	OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) D P Higgs M D

(Physician or midwife)

Address 402 Ida Bldg Boise

Filed Apr 12 1922 R. N. Pratt

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF [redacted] DAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

RECEIVED MAY 8 1922 BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

Registration District No. 2

File No. 99679

No. 1111 N 9 St.

Primary Registration District No. 1004

Registered No. 157

Hospital No

FULL NAME OF CHILD Dorothy Jean Goodwin

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	April 1 1922

FATHER		MOTHER	
FULL NAME	John Howard Goodwin	FULL MAIDEN NAME	Kathryn Gladys Meredith
RESIDENCE	Sweet, Idaho	RESIDENCE	Sweet, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Payette Idaho	BIRTHPLACE	Des Moines Iowa
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth First

Number of children, of this mother, now living, including present birth First

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 4:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr S. D. Anderson

Physician (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address 217-18 Idaho Bldg Boise

Filed Apr 12 1922 R. H. Pratt Registrar

Registrar

S-Y CO., 16670

[redacted]

FEB 18 1972

FEB 16 1942

279-105-001-355

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 99680

No. ____ St.

Primary Registration District No. 1004 Registered No. ____

Hospital St. Alphonsus

FULL NAME OF CHILD William Jewell Stroot

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	April 5th 1922

FATHER		MOTHER	
FULL NAME	Hugh Stroot	FULL MAIDEN NAME	Ella Jewell
RESIDENCE	Boise	RESIDENCE	Boise Ada
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Idaho
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was April 5, (Born alive or stillborn) at 12:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno. R. Chambers Dr.

(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report.

____ 19____

Registrar

Filed Apr. 12 1922

R. N. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 9 1942

313-206-001-155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99681

County of Ada

City of Boise

No. ..... St. Registration District No. ..... State File No. .....

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Jean Talbert
(Certificate of no value without full name of child)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth April 6, 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Elmer Davies Talbert	FULL MAIDEN NAME	Mabel Jennie Jensen
RESIDENCE	Gooding, Idaho	RESIDENCE	Gooding, Idaho
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Greentop Missouri	BIRTHPLACE	Chicago, Illinois
OCCUPATION	Instructor, Manual Tr	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 11:50 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Roscoe C Ward

(Physician or midwife)

Address .....

Filed Apr 12 1922

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 29 1964

OCT 14 1942

165-208-001-165

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 8 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

99682

County of Ada
City of Boise
No. ..... St.
Registration District No. 2
Primary Registration District No. 1004
File No. .....
Registered No. 1662

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	4/8/192 2

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	J. D. Jones	FULL MAIDEN NAME	Lillie M Jones
RESIDENCE	1219 Warren	RESIDENCE	1219 Warren
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	47
BIRTHPLACE	Ohio	BIRTHPLACE	Iowa
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 a, M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Fred A Tillery MD
Physician
(Physician or midwife)

Address Boise Idaho

Filed Apr 12 1922 R. N. Stall
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-207001-583

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED MAY 8 19??

CERTIFICATE OF BIRTH

99683

County of Ada

City of Boise

Registration District No. 2

File No.

No. St.

Hospital St. Alphonsus

Primary Registration District No. 1004

Registered No.

FULL NAME OF CHILD Ann Estella Cancelmo

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	April 7 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John J. Cancelmo	Anna C. Vickers
RESIDENCE	Nyssa Ore	Nyssa Ore
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	24
BIRTHPLACE	Philadelphia Pa	Nebraska
OCCUPATION	Fruit Grower	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive April 7th, at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Joseph R. Newberry

(Physician or midwife)

Address Boise Idaho

Filed Apr 12 1922

R. A. Craft
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 18 1944

135-209-001-412

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 8 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 99684

No. ..... St.

Hospital St. Alphonsus

Primary Registration District No. 1004 Registered No. .....

FULL NAME OF CHILD Helen Alexander

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Apr. (Month) 9 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Nick Alexander	FULL MAIDEN NAME	Soy Mastore
RESIDENCE	Boise Ida	RESIDENCE	Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Greece	BIRTHPLACE	Greece
OCCUPATION	Rooming House Prop.	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R. Nicholas

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Boise Idaho

Filed Apr 12 1922

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

631-110-001-295

PLACE OF BIRTH

RECEIVED MAY 8 1922 BUREAU

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99685

County of Ada

City of Boise

No. ____ St.

Hospital ____

Registration District No. 2 File No. ____

Primary Registration District No. 1004 Registered No. ____

FULL NAME OF CHILD Flagler William Edward Flagler

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	4 / 10 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Arthur Flagler	FULL MAIDEN NAME	Irene Bredenstein
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Electrician	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 39 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred R. Pettinger

Overland Bldg.

(Physician ~~or midwife~~)

Address ____

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Apr 12 1922 R. N. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAY 8 - 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: 1729 Boise Ave

County: Ada

File Number: 99685

Registration Dist. No. .....

Date of Birth: Apr 10 192 2

Sex of Child: Male

Father: Arthur Roy Flagler
Full Name

Mother: Helen Irene Breidenstein
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

William Edward Flagler
Child's Name in Full

A. R. Flagler
Signature of Father ~~or Mother~~

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

183-106-001-296

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99686

County of Ada

City of Boise

No. _____ St.

Registration District No. 2 File No. _____

Hospital St. Luke's Primary Registration District No. 1004 Registered No. _____

FULL NAME OF CHILD Albert Walter Ayling
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	April 6 1922

What bacterioidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Albert Walter Ayling	FULL MAIDEN NAME	Helen Rae Brooks
RESIDENCE	Mt. View Apts., Boise, Idaho	RESIDENCE	Mt. View Apts., Boise, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	California	BIRTHPLACE	Iowa
OCCUPATION	Travelling Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.55 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Address Boise, Idaho

Give names added from a supplemental report.

....., 19.....

Filed [illegible] 192[illegible]

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 1 1944

1948

168-118001-997

Form V. S. No. 11-C—25m-7-21-19

RECEIVED
MAY 8 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Boise

No. 412 Thatcher St.

Hospital

Registration District No. 2 File No. 99687

Primary Registration District No. 1004 Registered No. 165

FULL NAME OF CHILD Marshall Junior Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	4 (Month) 18 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Marshall Johnson	FULL MAIDEN NAME	Eva Riggs
RESIDENCE	Middletown, Ida	RESIDENCE	Middletown, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D P Higgs M D
(Physician or midwife)

* Given names added from a supplemental report.

Address 402 Idaho Bldg.

Filed 4-20 1922 P. H. Eatt
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

134-216-001-251 Child's name added 6-22-89 MCM

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAY 8 1922

County of Ada

City of Boise

No. ..... St. ..... Registration District No. 2 File No. 99688

Hospital St Alphonsus Primary Registration District No. 1004 Registered No. .....

FULL NAME OF CHILD RESURRECION Aldecocea
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	Five (To be answered only in event of plural births)	Yes	April 16 1922

What bactericidal solution was used in eyes? 2% Silver nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Castor Aldecocea	FULL MAIDEN NAME	Juana ~~Guna~~ Beascoa
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:00 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pettengill
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Boise, Idaho

Filed 4 20 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City ..... Street ..... County .....

File Number 99688

Registration Dist. No. .....

Sex of Child Female

Date of Birth .....192....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

..... Child's Name in Full

Returned ..... Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

3-30-89

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

APR 28 1989

VITAL STATISTICS UNIT

State of _____
County of _____ } ss.

Certificate No. 99688
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed (female) Aldecocea (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 16, 1922 (Date of Event)

in Boise, Ada, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Unnamed Aldecocea	Resurrecion Aldecocea [redacted]

Subscribed and sworn to before me this 14 day of Abril, 19 89

Notary Public, D.Salvador Madrazo Villaquirán

Residing at Gernika-Lumo

My commission expires indefinida

(Seal)

Resurrecion Aldecocea B.
Signature of Applicant

x C/Ocho de Enero 1,1º Gernika
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Catholic baptism certificate issued in St. Johns Cathedral, Boise shows Resurreccion Aldecocea born Apr 16, 1922 in Boise to Castor Aldecocea & Joanna Beascoa and baptized Apr 25, 1922 by Rev Bartholomew A Ronaque. Viewed by VS.

JUN 2 3 1989

Letter of testimony from Manuel Crespo Alvarez shows Resurreccion Aldecocea a female born Apr 16, 1922 in Boise, ID and signed before a notary public in Venezuela on Aug 8, 1960

613-114-001-393

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

RECEIVED
MAY 8 1922
BUREAU OF VITAL STATISTICS

No. ..... Registration District No. 2 File No. 99689

Hospital St Alphonsus Primary Registration District No. 1004 Registered No. .....

FULL NAME OF CHILD ~~Nathan~~ Ralph Falk II
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	April 14 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Ralph Falk	FULL MAIDEN NAME	Marion L. Citron
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Physician	OCCUPATION	Hwk.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:15 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Collister

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Boise.

Filed 4-20 1922 [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 18
SEP 14 194
AUG 29 195

266-14-001-296

PLACE OF BIRTH

RECEIVED
MAY 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99690

County of Ada

City of Boise

No. ..... St.

Registration District No. 2 File No. .....

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 16

FULL NAME OF CHILD ~~Boone~~ Ronald Fletcher Boone
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Apr (Day) 14 (Year) 1922
M		Yes	

What bactericidal solution was used in eyes? 2% Silver Nitrate.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Jesse S. Boone	FULL MAIDEN NAME	Virginia Brown
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mo.	BIRTHPLACE	Arkansas
OCCUPATION	Dairyman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pittenger
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed 4-20 1922 R. G. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED MAY 15 1922

MAY - 1922

Boise, Idaho, May 14 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: St. Alphonsus Hospital

County: Ada

File Number: 99690

Registration Dist. No.:

Date of Birth: April 14 1922

Sex of Child: Male

Father: Jesse Sylvester Boone (Full Name)

Mother: Mary Virginia Brown (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ronald Fletcher Boone

Child's Name in Full

Mrs. Jesse S. Boone

Signature of Father or Mother

OCT 16 1941

APR 29 1968

APR 30 1968

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

795·108·001-795

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 8 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1702 N. 6th St.

Registration District No. ✓

File No. 99691

Hospital

Primary Registration District No. 1004

Registered No.

FULL NAME OF CHILD Charles Ernest Pierce
(Certificate of no value without full name of child.)

Sex of Child M.

Twin Triplet or other? and Number in order of birth
(To be answered only in event of plural births)

Legitimate? Yes

Date of birth (Month) April (Day) 8 (Year) 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME William A. Pierce	FULL MAIDEN NAME Viola Edith Pierce
RESIDENCE 1702 N 6th St., Boise, Idaho	RESIDENCE 1702 N. 6th St., Boise, Idaho
COLOR W. AGE AT LAST BIRTHDAY 22 (Years)	COLOR W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Idaho.
OCCUPATION Laborer	OCCUPATION Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:20 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M. D.
(Physician or midwife)

Address Boise, Idaho.

Filed 4-21 1922 R. A. Tatt
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389.103.001-195

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

RECEIVED
MAY 8 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 115 S 23 St.

Hospital

Registration District No. 2

Primary Registration District No. 1014

File No. 99692

Registered No. 170

FULL NAME OF CHILD Harold LeRoy Thiederman

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M.	—	—	yes	4 (Month) 3 (Day) 1912 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lewis J. W. Thiederman	FULL MAIDEN NAME	Irene Arendts
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Rug Business	OCCUPATION	Nur

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 00 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Greenaway

Physician

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 4-20 1922 R. H. Pratt
Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 99692

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Unnamed Theiderman (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on 4-3-1942 (DATE OF EVENT)
in Boise, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Harold LeRoy
Surname	Theiderman	Thiderman

Subscribed and sworn to before me this 7th
day of February, 19 42

F. W. Wegener
Notary Public, residing at Boise - Idaho
My commission expires June 11th, 1944
(SEAL)

Signed J Thiderman
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed Roy L Fitness
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

2117 Jefferson St Boise Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 26 1972

FEB 14 1942

259-105-001-343

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ——— St.

RECEIVED MAY 8 1922 BUREAU OF VITAL STATISTICS

Registration District No. 2 File No. 99693

Hospital St. Luke's Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD Porter Culver Seibert
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	April 5 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Edward F. Seibert	FULL MAIDEN NAME	Florence M. Culver
RESIDENCE	1707 Resseguie St., Boise, Idaho	RESIDENCE	1707 Resseguie St., Boise, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Dentist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxton
M.D.
(Physician or midwife)

Address Boise, Idaho

Filed 4-20 1922 R. H. Rath
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR · 2 7 1942

749-207-001-241

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ——— St.

Hospital St. Luke's

Registration District No. 2 File No. 99694

Primary Registration District No. 1004 Registered No. 1

FULL NAME OF CHILD Mary Euphemia Purton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	April 7 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Thomas A. Purton	FULL MAIDEN NAME	Georgia E. Smart
RESIDENCE	1304 N. 16th St., Boise, Idaho	RESIDENCE	1304 N. 16th St., Boise, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Electrical Engineer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.50 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxton
M.D.
(Physician or midwife)

Address Boise, Idaho

Filed 4-20 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-160-001-215

PLACE OF BIRTH

RECEIVED
MAY 8 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada
City of Boise
No. 511-N-13th St.
Hospital St Alphonsus
Registration District No. 2
Primary Registration District No. 1004
File No. 99695
Registered No. 21

FULL NAME OF CHILD William Sanders Campbell.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.		Yes.	March 15th 1922

What bactericidal solution was used in eyes? Silver Nitrate 10%

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME Robert Lionel Campbell.	FULL MAIDEN NAME Laura Sanders.
RESIDENCE 511 N 13th St.	RESIDENCE 511 N 13th St.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 43 (Years)	AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Logan Utah	BIRTHPLACE Salt Lake Utah
OCCUPATION Sales Manager	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L P McCalla MD
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 4-21-1922 R. H. Pratt Registrar.

APR 21 1942

653-119:09-636

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 8 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 99696

Primary Registration District No. 1004 Registered No. 124

FULL NAME OF CHILD Sales, James Welson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	4 / 19 / 1922

What bactericidal solution was used in eyes? Nitrate Silver 2%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Offie E. Sales	FULL MAIDEN NAME	Ethel O'Connor
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	N. C.	BIRTHPLACE	Boise
OCCUPATION	R. R. Conductor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 7.30 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pittenger

Physician

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 4-21-1922 R. H. Platt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-117-001-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-G—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 8 1922
BUREAU OF VITAL STATISTICS

County of .....

City of .....

No. ..... St.

Hospital St. Alphonsus

Registration District No. ✓

Primary Registration District No. 1004

File No. 99697

Registered No. 175

FULL NAME OF CHILD Edward Lee Warren

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	April 17 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. T. Warren	FULL MAIDEN NAME	Julia Ines Johnston
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mayfield, Idaho	BIRTHPLACE	Smith's Center, Kansas
OCCUPATION	Attorney at Law	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Boise, Idaho

Filed 4-21 1922

R. H. Rath
Registrar

285-22-001-128

PLACE OF BIRTH

RECEIVED
MAY 8 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 437-So 9th St.

~~Hospital~~ Home

Registration District No. 2

File No. 99698

Primary Registration District No. 1004

Registered No. 176

FULL NAME OF CHILD Betty Louise Shelton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	4-22-1922

What bactericidal solution was used in eyes? Cyrus

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	L. P. Shelton	FULL MAIDEN NAME	Hazel J. Ashlock
RESIDENCE	437-So 9th St. Boise	RESIDENCE	437 So-9th St Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Ill.	BIRTHPLACE	Kansas
OCCUPATION	Stock clerk	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Lewis

(Physician or midwife) Boise

Give names added from a supplemental report.

....., 19....

Registrar.

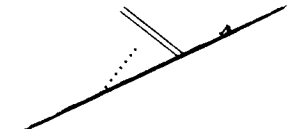
Address

Filed 4-25-1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 8 1942

MAY 5 1954



284-23-001-234

RECEIVED 1922

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Ada

CERTIFICATE OF BIRTH

City of

Registration District No. 4

File No. 99699

No. St.

Primary Registration District No. 1004

Registered No. 177

Hospital St. Alphonsus

FULL NAME OF CHILD Frances Johanna Squires.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				Yes.	March 31 1922

FATHER	MOTHER
FULL NAME Warren Squires.	FULL MAIDEN NAME Gretchen Sluss
RESIDENCE Boise.	RESIDENCE Boise.
COLOR W. AGE AT LAST BIRTHDAY 32. (Years)	COLOR W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Ohio.	BIRTHPLACE Idaho
OCCUPATION Newspaper Publisher.	OCCUPATION Housewife. Teacher

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) M. H. Jackman Phys.

(Physician or midwife)

Address Boise, Ida.

19

Registrar

Filed 4-25 1922 R. H. Rath Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

451-109-001-869

PLACE OF BIRTH

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise Registration District No. 2 File No. 99700

No. ..... St.

Hospital St. Alphonsus. Primary Registration District No. 1004 Registered No. 178

FULL NAME OF CHILD James Howard Shear

Sex of Child M. | Twin, Triplet, or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth 4/9/1922 (Month) (Day) (Year)

FATHER

FULL NAME Alby Emerson Shear

RESIDENCE 2605 Plate St.

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Oklahoma

OCCUPATION Lineman

MOTHER

FULL MAIDEN NAME Julia Yorken

RESIDENCE 2605 Plate St.

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Canada

OCCUPATION Work.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:40 P. M. on the date above stated.

(Signature) Ernest E. Yarbrough M.D.
(Physician or midwife)

Address .....

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

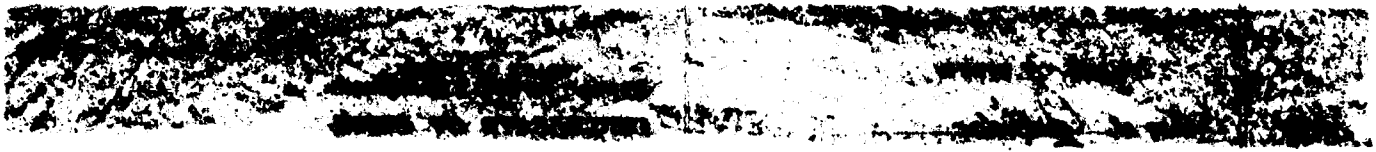
Filed Apr 29 1922

R. N. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



FEB 9 1962

495-225-001-257

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
1922

CERTIFICATE OF BIRTH

99701

County of Ada

City of Boise

No. ..... St.

Hospital St. Lukes

Registration District No. 2

Primary Registration District No. 1004

File No. 99701

Registered No. 179

FULL NAME OF CHILD Gertrude Edith Dietz
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	4/25/1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Herman Dietz	FULL MAIDEN NAME	Edith Beattie
RESIDENCE	1602 N 17th	RESIDENCE	1602 N 17th
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Mo.
OCCUPATION	Life Insurance	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4:20 P. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pittenger
Physician
(Physician or midwife)

Address .....

Filed Apr 29 1922

R. N. Peal
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 22 1941

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: 1602 North 17th St.

County: Ada

File Number: 99701

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: April 25th, 1922.

Father: Herman Dietz (Full Name)

Mother: Edith Beattie - now Edith B. Dietz (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Gertrude Edith Dietz

Child's Name in Full

Herman Dietz

Signature of Father or Mother

Boise, Ida., May 11, 1922

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

249-102-00-666

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 99702

No. ____ St.

Primary Registration District No. 1004

Registered No. 180

Hospital St. Lukes

FULL NAME OF CHILD Asahel Fowler Burnham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	4 - 2 - 1922

FATHER

FULL NAME Celotus L. Burnham

RESIDENCE Meridan R 3, Idaho

COLOR White

AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE New York

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ora L. Fowler

RESIDENCE Meridan R 3, Idaho.

COLOR White

AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Nebraska

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

(Signature) Dr. J. Carl Hill a. M.

Physician (Physician or midwife)

Address Empire Bldg. Boise

Filed Apr 29 1922 N. Pratt

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 10 1942

FEB 8 1943

OCT 15 1968

132-216-001-816

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED 1922

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. North 6th St. Registration District No. 2 File No. 99703

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 181

FULL NAME OF CHILD Emma Luey Atkinson.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	April 16th 1922

What bactericidal solution was used in eyes? Solution of Nitrate of Silver

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Reilly Atkinson	FULL MAIDEN NAME	Emma Cleveland Hawley
RESIDENCE	709 Thatcher Street. Boise. Ida	RESIDENCE	709 Thatcher St. Boise. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Detroit	BIRTHPLACE	Hailey. Idaho.
OCCUPATION	Merchandise Broker.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wm. T. Smith a.B.

Physician
(Physician or midwife)

Address Empire Bldg. Boise, Idaho

Filed Apr 29 1922 R. N. Trail
Registrar

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 15 1943

MAR 19 1943

21X.110:00-236

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada
City of Boise
No. 1139 River St.
Hospital

Registration District No. 2 File No. 9970
Primary Registration District No. 1004 Registered No. 182

FULL NAME OF CHILD John James Kaufman
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	April 10 1922

What bacterioidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Albert J. Kaufman	FULL MAIDEN NAME	Ruby D. Scott
RESIDENCE	1139 River St, Boise, Idaho	RESIDENCE	1139 River St., Boise Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 05 p. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. M. Taylor M.D.
(Physician or midwife)

Address Boise, Idaho

Filed Apr 29 1922 R. N. Pratt
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

698-220-001-419

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99705

County of Ada

City of Boise

No. 1219 Grove St.

Registration District No. 2

File No.

Hospital

Primary Registration District No. 1004

Registered No. 183

FULL NAME OF CHILD IRMA FRYE
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	April 20 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Clarence E. Frye	FULL MAIDEN NAME	Delphia M. Marsh
RESIDENCE	1219 Grove St., Boise, Idaho	RESIDENCE	1219 Grove St., Boise, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Colorado	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.50 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. N. Braxton M.D.
(Physician or midwife)

Address Boise, Idaho

Filed Apr 29 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 99705

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Frye (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on April 28, 1922 (DATE OF EVENT)
in Boise, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Aunt (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Erma Frye

Subscribed and sworn to before me this 5th
day of June, 19 42
Marion E. Dort
Notary Public, residing at Boise Idaho
My commission expires 6-24-45
(SEAL)

Signed Mrs W A Benson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

JUN 5 1942

119-126-001-155

PLACE OF BIRTH

RECEIVED
MAY 8 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99706

County of Ada

City of Boise

No. ..... St.

Registration District No. 2

File No. .....

Hospital St Alphonsus

Primary Registration District No. 1004

Registered No. 185

FULL NAME OF CHILD Bruce Norman Ciaron Jr

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Apr 26 1922

What bactericidal solution was used in eyes? Nitrate Silver

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Bruce N. Ciaron	FULL MAIDEN NAME	Eula Cicent
RESIDENCE	Boise, Ida	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Oregon	BIRTHPLACE	Wyoming
OCCUPATION	draught Draftman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. K. Fallman M.D

Boise Idaho
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed Apr 30 1922

R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-104-001-635

PLACE OF BIRTH

RECEIVED MAY 6 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Registration District No. 2 File No. 99707

Hospital St Lukes

Primary Registration District No. 1004 Registered No. 184

FULL NAME OF CHILD Harold Arthur Martin Masters
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	Apr 4 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Harold Masters	FULL MAIDEN NAME	Isabel Fleming
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Neb.	BIRTHPLACE	Wash.
OCCUPATION	Painter	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 8 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H M Hologmon

M. D.
(Physician or midwife)

Address Boise 517 Empire B.

Filed Apr 30 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 99707

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Harold Arthur Masters (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on April 2, 1922 (DATE OF EVENT)
in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Harold Arthur Masters	Harold Arthur Martin Masters

Subscribed and sworn to before me this 13
day of Jan, 19 42

S. L. Gill
Notary Public, residing at Boise, Ida.

My commission expires 5-2-44
(SEAL)

Signed X Harold C. Masters
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed Conan M Ford
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

514 Cleveland St Boise Ida
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

JAN 21 1949

314-223-001-144

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Luke

RECEIVED MAR 8 19.. BUREAU

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2

Primary Registration District No. 1004

File No. 99708

Registered No. 189

Full Name of Child Hulda Catherine Lamm

SEX OF CHILD F	Twin Triplet or other? ✓ and Number in order of birth 9 (To be answered only in event of plural births)	Legitimate? Yes	DATE OF BIRTH Apr - 23 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	L. P. Lamm	FULL MAIDEN NAME	Emma Cummins
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive, at 2 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Mooney

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address Boise

Filed ~~5-6~~ 4-30 1922 R. H. Pratt

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 99708

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	Hulda Catherine Lamm

Subscribed and sworn to before me this 6th day of July, 19 42

E B Smith

Notary Public, residing at Boise, Ida

My commission expires Dec. 15, 1943,
(Seal)

Signed Emma Lamm
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

569-123-00419 PLACE OF BIRTH

RECEIVED
MAY 8 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

46

CERTIFICATE OF BIRTH

County of Ada BUREAU OF VITAL STATISTICS

City of Boise

No. ____ St. Registration District No. 4 File No. 99709

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 186

FULL NAME OF CHILD William Martin Norwood
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 23 1922

What bacterioidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Henry Alvin Norwood	FULL MAIDEN NAME Florence Martin
RESIDENCE R.D. #2 Emmett Ida.	RESIDENCE R.F.D# Emmett
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Cloves California	BIRTHPLACE Emmett Idaho.
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) L A McCall
(Physician ~~or midwife~~)

Address Boise Idaho

Filed 4 30 1922 R. N. Platt Registrar.

N. B.—In case of more than one child at birth a separate RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING PERMANENT RECORD

OCT 4 1949

695-109-001-339

Amended Nov. 24, 1922

PLACE OF BIRTH

RECEIVED MAY 8 1922 BUREAU OF VITAL STATISTICS

[redacted] IDAHO

Form V. S. No. 11-C—15m-6-20-11

[redacted] Statistics

[redacted] BIRTH

County of Ada

City of Meredian

Registration District No. 8

File No. 99710

No. RD No 2 St.

Primary Registration District No. 2008

Registered No. 31

Hospital

FULL NAME OF CHILD Darrell LeRoy Field

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	April 7, 1922

FATHER		MOTHER	
FULL NAME	George Wesley Field	FULL MAIDEN NAME	Ida Angententa Clifford
RESIDENCE	Meredian R D 2	RESIDENCE	Meredian R.D. 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Slater Vill, Utah	BIRTHPLACE	North Ogden Utah
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... 7:45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. L. W. Anderson

Physician

(Physician or Midwife)

Given names added from a supplemental report

..... 19..

Address 217-18 Idaho Bldg. Boise, Idaho

Filed May 1922

Registrar

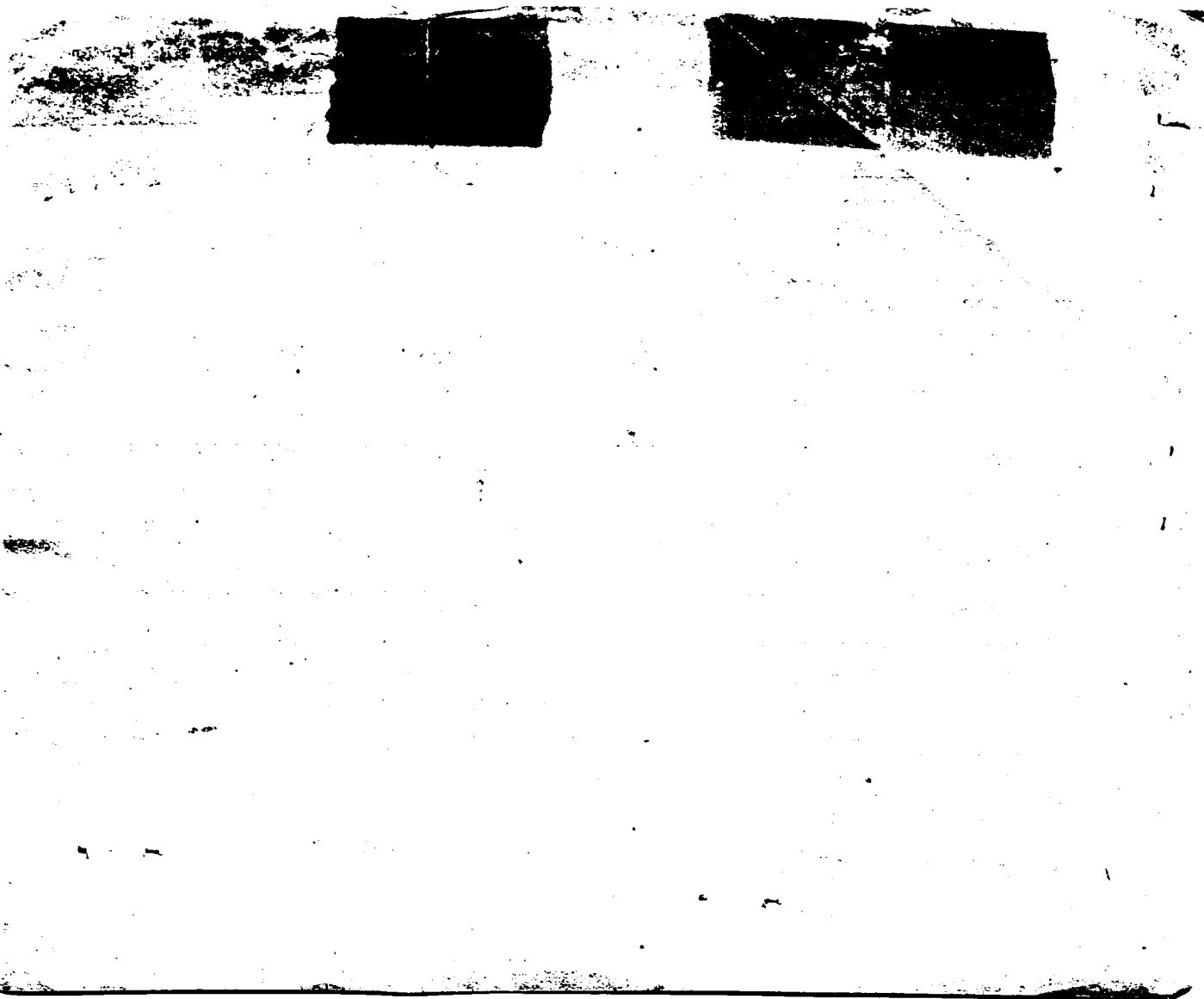
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



11 21 72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS NOV 24 11 56 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 99710

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Darrel Leroy Field (Name on Original Certificate) who was born (Was Born or Died) on April 7, 1922 (Date of Event)

in Meridian, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Darrel Leroy	Darrell LeRoy
Fathers name	George Leslie Field	George Wesley Field

Subscribed and sworn to before me this 21 day of November 21, 1972

Alex Berthold

Notary Public, residing at Boise, Ida

My commission expires 6-5-74

(Seal)

Signed Reo W. Field

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2422 Madison Boise, Ida.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

NOV 24 1972

Own childs birth certificate Verness LeRoy Field born Sept. 30, 1953 at Boise, Idaho State File No. 54-12322 gives fathers name as Darrell LeRoy Field .
Viewed by VS

Fathers death certificate George Wesley Field died April 19, 1947 Boise, Idaho State File No. 153000 gives name as George Wesley Field.
Viewed by VS

Church Record LDS Church Boise, Idaho gives name as Darrell LeRoy Field born April 7, 1922 at Meridian, Idaho, father as George Wesley Field. Blessed June 4, 1922 , Baptized July 6, 1930 by Reuben Call, an Elder.
Viewed by VS

649221-001-466

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 8 1922
BUREAU OF VITAL

County of Ada

CERTIFICATE OF BIRTH

City of

Registration District No. 8 File No. 99711

No. St.

2008

Primary Registration District No. 3 Registered No. 38 ~~29~~

Hospital

FULL NAME OF CHILD Esther Ourada

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl			Feb (Month) 21 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Albert Ourada	FULL MAIDEN NAME	Lizzie A Moore
RESIDENCE	R#3 Dry creek	RESIDENCE	Dry Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Bohemia	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1.15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs W. A. Mason
Midwife
(Physician or midwife)

Given names added from a supplemental report.

19

Address Boise R#3 Idaho

Registrar

Filed 4-20 1922 R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

862-125-001-665

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 8 1922
BUREAU

CERTIFICATE OF BIRTH

99712

County of Ada

City of

No. St.

Registration District No. 8 File No. 29

Hospital

Primary Registration District No. 2008 Registered No. ~~30~~

FULL NAME OF CHILD William Neal Yost
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		YES	Mar 25 1922

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Dana K Yost	FULL MAIDEN NAME	Mabel May Owen
RESIDENCE	Meridian School Dist	RESIDENCE	Meridian School Dist
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	~~22~~ 21
BIRTHPLACE	Ohio	BIRTHPLACE	Okla
OCCUPATION	Farmer	OCCUPATION	H W

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bouck
(Physician or ~~midwife~~)

Address Boise Ida

Filed 4-20 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/29/41 L. B.

AUG 26 1964

513-121-001-315

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99713

County of Ada

City of Boise

No. Strawberry Glen

Registration District No. 8 File No.

Hospital

Primary Registration District No. 2008 Registered No.

FULL NAME OF CHILD Joe Baby Valdez
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	twin	1	Yes	Mar. 21 1922

(To be answered only in event of plural births)

What bacteriocidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER

FULL NAME C. Ben Valdez

RESIDENCE Strawberry Glen, Boise, Idaho

COLOR W. AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Colorado

OCCUPATION Waiter

MOTHER

FULL MAIDEN NAME Rebecca M. Caviness

RESIDENCE Strawberry Glen, Boise, Idaho

COLOR W. AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Iowa

OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J. H. Braxton M.D.
(Physician or midwife)

Address Boise, Idaho

Filed Apr 12 1922 R. H. Hall Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 0 1922 DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAY 8 - 1922

Boise, Idaho, May 17 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number 99713

Registration Dist. No. .....

Date of Birth 2/ 22- 1922

Sex of Child Male Jr.

Father Benito Valdez
Full Name

Mother Rebecca May Barnes
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

Benito Mrs. May Valdez
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

513-221-00-315

PLACE OF BIRTH

RECEIVED MAY 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

~~No.~~ Strawberry Glen

Hospital

Registration District No. 8 File No. 99714

Primary Registration District No. 2008 Registered No. 27

FULL NAME OF CHILD Josephine Valdez
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	twin		2	Yes	Mar. 21 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	C. Ben Valdez	FULL MAIDEN NAME	Rebecca M. Caviness
RESIDENCE	Strawberry Glen, Boise, Idaho	RESIDENCE	Strawberry Glen, Boise, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Colorado	BIRTHPLACE	Iowa
OCCUPATION	Waiter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 25 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Brantan
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Boise, Idaho

Filed Apr 12 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAY 8 - 1922

Boise, Idaho, May 17 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number 99714

Registration Dist. No. .....

Sex of Child ..... Female Josephine

Date of Birth 1-22-1922

Father Benito Valdes (Full Name)

Mother Rebecca May Canniss (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

Benito Mrs. May Valdes
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

493-10 S. 004-357

PLACE OF BIRTH

Form V. S. No. 11-C—2km-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

Registration District No. 8

Primary Registration District No. 2008

File No. 99715

Registered No. 4

FULL NAME OF CHILD John Cornelius Mills

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Feb 8th 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm J Mills	FULL MAIDEN NAME	Katherine Leary
RESIDENCE	Garden Valley Idaho	RESIDENCE	Garden Valley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Granite Creek Idaho	BIRTHPLACE	Granite Creek Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 6.45 P. M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) L. O. McCall MD

..... (Physician or midwife)

Address Boise, Idaho

Filed Apr 7 1922 R. N. Rudd Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 24 1942

AUG 26 1942

MAY 31 1940

895-106-001-234

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 8 1922 BUREAU

CERTIFICATE OF BIRTH

County of Ada

City of Lamberton Add

No. ..... St.

Registration District No. 8 File No. 99716

Hospital ..... Primary Registration District No. 2008 Registered No. 25

FULL NAME OF CHILD Carl C Hinkson Jr
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	46 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Carl C Hinkson	FULL MAIDEN NAME	Rosella Blunk
RESIDENCE	Lamberton Add R#2	RESIDENCE	Lamberton Add. R#2
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Kas	BIRTHPLACE	Kas
OCCUPATION	Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 45 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pulling Jr
Physician
(Physician or midwife)

Address Overland Bldg. Boise

Filed Apr 7 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

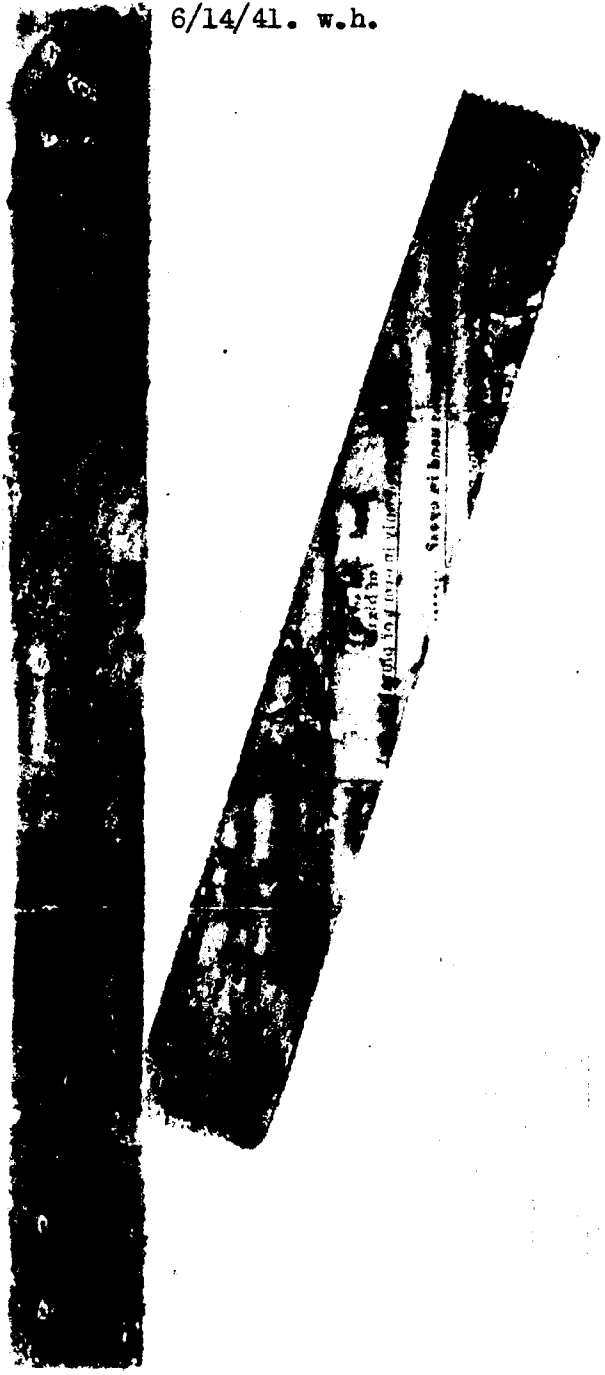
....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/14/41. w.h.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No.
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Carl C. Hinksin (Name on original certificate) who was born (Was born or died) on April 6, 1922 (Date of event)
in Boise, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name of mother	Rosa Blunk	Rosella Blunk
Name:	Carl C. Hinksin	C. Carl Hinkson, Jr.
Name of father	Carl C. Hinksin	C. Carl Hinkson

Subscribed and sworn to before me this 16th day of June, 19 41

Walter J. Bell
Notary Public, residing at Boise, Idaho
My commission expires 2/15/43
[SEAL]

Signed Rosella Hinkson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

2315 Woodlawn St. - Boise, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Ada }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of June, 19 41

Walter J. Bell
Notary Public, residing at Boise, Idaho
My commission expires 2/15/43
[SEAL]

Signed Fred A. Fraught
(Signature of any credible person other than the previous affiant)

Eastman Bldg. - Boise, Idaho
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

APR 2 1957

285-128-001-319

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

~~No.~~ Lemp's Gulch ~~St.~~

Hospital

Registration District No. 8 File No. 99717

Primary Registration District No. 2008 Registered No. 24

FULL NAME OF CHILD Victor Eugene Sheldon
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Mar. 28, 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Henry Sheldon	FULL MAIDEN NAME	Millie J. Larson
RESIDENCE	Lemp's Gulch, Boise, Idaho	RESIDENCE	Lemp's Gulch, Boise, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	South Dakota	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxton

M.D.
(Physician or midwife)

Address Boise, Idaho

Filed [illegible] 20 1922 [illegible]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

460-215:001-275

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. R. D. 4 St.

Registration District No. 8 File No. 99718

Hospital

Primary Registration District No. 2008 Registered No. 23

FULL NAME OF CHILD Mabel Elizabeth Moore
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	3-15-1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

FATHER	MOTHER
FULL NAME: Wm. A. Moore	FULL MAIDEN NAME: Maria Spence
RESIDENCE: Boise, Rt. 4	RESIDENCE: Boise, Rt. 4
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 48 (Years)	AGE AT LAST BIRTHDAY: 42 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Iowa
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Callaway

Physicial
(Physician or midwife)

Address Boise, Idaho

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Filed Apl 4-20 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Glenn

Certificate No. 99718

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Moore (Name on Original Certificate) who was born (Was Born or Died) on March 15, 1922 (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Affidavit by mother prepared on July 23, 1956 (Give Date), are:
School Record (Bible Record, Insurance Policy, Etc.) Aug. 3, 1956

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Mabel Elizabeth Moore

Subscribed and sworn to before me this 15th day of August, 1956

Notary Public, residing at Orland, Calif
My commission expires June 1, 1959
(Seal)

Signed Maria Moore
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R Rout 3 Box 8a Orland Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Glenn

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of August, 1956

Notary Public, residing at Orland, California
My commission expires June 1, 1959
(Seal)

Signed Manley M. Moore
(Signature of Any Credible Person)

RFD #3 Box 8a, Orland Calif.
(Street Address, City, State)

FORM DPH 55 155

962-210-014-239

Form V. S. No. 11-C—25m-7-21-19

[redacted]CE OF BIRTH

[redacted]Canyon

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Nampa

Registration District No. 124 File No. 499721

No. St.

Primary Registration District No. 2202 Registered No. 128

Hospital Mercy

FULL NAME OF CHILD Christy Ellen Robertson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	x		x	Yes	Feb 10 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James D. Robertson	FULL MAIDEN NAME	Bess Edell Strehle
RESIDENCE	Meridian Idaho	RESIDENCE	Meridian Ida ~~Nampa Ida~~
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Ill	BIRTHPLACE	Ill.
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M.D. (Physician or midwife)

Given names added from a supplemental report.

19

Address Nampa Idaho

Registrar

Filed 5-4, 1922 W H Stevens Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-103 · 014-249

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Ada Canyon

CERTIFICATE OF BIRTH

City of Nampa

Registration District No. 124 File No. 99722

No. R.R. No 5 St.

Primary Registration District No. 2202 Registered No. 129

Hospital

FULL NAME OF CHILD Clyde Raymond Pethtel

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	Yes	Feb 3 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	D.C. Clyde Pethtel	FULL MAIDEN NAME	Gertrude Emma G. Smith
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 15 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray M.D.
(Physician or midwife)

Given names added from a supplemental report.

____ 19__

Address Nampa Idaho

Filed 5-4, 1922 W. L. Stevens
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

344-162-884-796

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99723

County of Ada

City of Meridian P.O.

No. RR3 211 St. Registration District No. File No.

Hospital Primary Registration District No. 11 Registered No. 14

FULL NAME OF CHILD Elmer Earl Cummings
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	2 2 1922

What bactericidal solution was used in eyes? 1% solution Silver Nitrate

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Elmer E. Cummings	FULL MAIDEN NAME Vera F. Groves
RESIDENCE Meridian Ida RR3	RESIDENCE Meridian Idaho R.R. 3
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Missouri
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:45 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal M. D.
(Physician or midwife)

Address Meridian, Idaho

Give names added from a supplemental report.

....., 192.....

Filed Feb. 12 1922 H. F. Neal
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-214.001-414

PLACE OF BIRTH

RECEIVED APR 1 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. RR2 St.

Registration District No. _____ File No. 99724

Hospital _____ Primary Registration District No. 11 Registered No. 15

FULL NAME OF CHILD June Janet Waitley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	2 14 1922

What bactericidal solution was used in eyes? 1% Sol Silver Nitrate

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Clyde C. Waitley	FULL MAIDEN NAME	Cura M. Madden
RESIDENCE	Parma Idaho	RESIDENCE	Parma Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

M. D.
(Physician or midwife)

Address Meridian, Idaho

Filed 2/28 1922 H. F. Neal
Registrar.

Give names added from a supplemental report.

_____, 192____

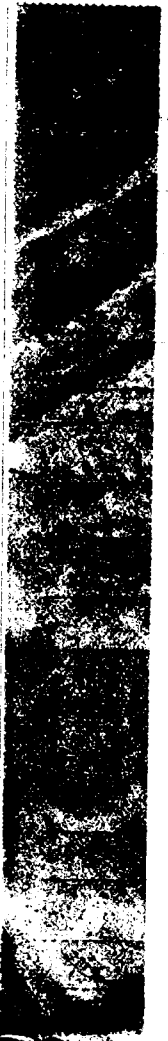
_____
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 31 1942

MAR 1



693-212-004-796

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 99725

County of Ada

City of Meridian

No. RR 2 St. Registration District No. File No.

Hospital Primary Registration District No. 11 Registered No. 16

FULL NAME OF CHILD Ellen Marie Fitzgerald
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	2 12 1922

What bactericidal solution was used in eyes? none

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Milmen C. Fitzgerald	FULL MAIDEN NAME Beulah C. Grocebeck
RESIDENCE Meridian Idaho	RESIDENCE Meridian Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:20 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal M. D.
(Physician or midwife)

Address Meridian Idaho

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed Feb 1922 H. F. Neal
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

789-219-201-299

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99726

County of Ada

City of Meridian

No. ____ St. ____ Registration District No. ____ File No. ____

Hospital ____ Primary Registration District No. 11 Registered No. 17

FULL NAME OF CHILD Wilma Pearl Phillips
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	2 - 19 - 1922

What bactericidal solution was used in eyes? 1% Sol. Silver Nitrate

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wm H. Phillips	FULL MAIDEN NAME	Edna Pearl Kirk
RESIDENCE	Meridian Idaho	RESIDENCE	Meridian Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Oregon	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 10:30 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192....

..... **Registrar.**

(Signature) H. F. Neal

M. D.
(Physician or midwife)

Address Meridian Idaho

Filed Feb 28 1922 H F Neal
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 99726

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Wilma Pearl Phillips (Name on Original Certificate) who born (Was Born or Died) on Feb. 20, 1922 (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birth Date	Feb. 20, 1922	Feb. 19th, 1922

Subscribed and sworn to before me this 13
day of April, 1944
Burkie Aulrine
Notary Public, residing at Boise
My commission expires 11/14/47
(Seal)

Signed Mildred B. King
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
962-122-004-613

[redacted] OF IDAHO
F PUBLIC WELFARE
VITAL STATISTICS

CERTIFICATE OF BIRTH

99727

County of Ada

City of Meridian

No. ..... St.

Registration District No. .....

File No. .....

Hospital .....

Primary Registration District No. 11

Registered No. 18

FULL NAME OF CHILD Jimmy Eugene Robison

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	2-22-192 2

What bactericidal solution was used in eyes? 1% Sol Silver Nitrate

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Ben Wilson Robison	FULL MAIDEN NAME Florence J. Walt
RESIDENCE Meridian Idaho	RESIDENCE Meridian Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:40 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H F Neal M. D.

(Physician or midwife)

Address Meridian Idaho

Give names added from a supplemental report.

....., 192.....

.....

Registrar.

Filed Feb 28 192 2 H F Neal

Registrar.

[redacted]

OCT 9 1942

185-207-00-762

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99729

RECEIVED
APR 21 1922

County of Ada
City of Meridian
No. ..... St.
Registration District No. .....
File No. .....
Hospital .....
Primary Registration District No. 11
Registered No. 20

FULL NAME OF CHILD Mary Alice Ayers
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Mar. 7 1922

What bacteriocidal solution was used in eyes? Argyrol 1.0 %

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Samuel Ayers	FULL MAIDEN NAME	Gladys Marguerite Gosnell
RESIDENCE	Meridian Ada	RESIDENCE	Meridian Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Lucerne Mo.	BIRTHPLACE	Rolla N. Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) R. V. Cumberson M.D.
Physician
(Physician or midwife)

Address Meridian Ida

Filed 3-28 1922 H. F. Neal
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 21 1956

MAY 18 1962

55-116-004-559

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. ..... St. Registration District No. ..... File No. 99730

Hospital ..... Primary Registration District No. 11 Registered No. 21

FULL NAME OF CHILD Burns Clyde Newby
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	3 16 1922

What bactericidal solution was used in eyes? 1% Sol. Silver Nitrate

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Glen H Newby	FULL MAIDEN NAME	Ella Neilson
RESIDENCE	Meridian Idaho	RESIDENCE	Meridian Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 a. M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

M. D.
(Physician or midwife)

Address Meridian Idaho

Filed Mch 24 1922 H. F. Neal
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 18 1956

JUN 18 1942

766-117-001-845

PLACE OF BIRTH

RECEIVED APR 21 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99731

County of Ada

City of Meridian

No. ..... St. Registration District No. ..... File No. .....

Hospital ..... Primary Registration District No. 11 Registered No. 22

FULL NAME OF CHILD Frank Wilson Pfost
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Mar. 17 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Robt Raymond Pfost	FULL MAIDEN NAME	Hazel Hunt
RESIDENCE	Meridian Ida	RESIDENCE	Meridian Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Meridian Ida	BIRTHPLACE	Peabody Kan.
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Numbers Jr
Physician
(Physician or midwife)

Address Meridian Ida

Filed 3-28 1922 H. F. Neal
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 18 1941

816126.00-915

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. RR3 St. Registration District No. File No. 99732

Hospital Primary Registration District No. 11 Registered No. 23

FULL NAME OF CHILD Neal Elmore Hawkins
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	3 26 1922

What bactericidal solution was used in eyes? 1% Sol. Silver Nitrate

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Orien W. Hawkins	FULL MAIDEN NAME	Bertha May Randall
RESIDENCE	Meridian Idaho	RESIDENCE	Meridian Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Wisconsin	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:40 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

M. D.
(Physician or midwife)

Address Meridian Idaho

Filed March 29 1922 H. F. Neal
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 1964

419-103-001-796

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Eagle

No. ✓ St.

Hospital ✓

Registration District No. 9+10 File No. 29733

Primary Registration District No. " Registered No. "

FULL NAME OF CHILD Kenneth Gerald Martin

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth April 3 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clarence Martin	FULL MAIDEN NAME	Edith Frost
RESIDENCE	Eagle	RESIDENCE	Eagle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo M K Hall

Eagle M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Eagle Ida

Filed April 16 1922 Orville Jackson
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 11 1942

755-209-001-239

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99734

County of Ada

City of Eagle

Registration District No. 9+3 File No. 20

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Thelma Alice Pennington

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	April 9 1922

FATHER		MOTHER	
FULL NAME	Charles L Pennington	FULL MAIDEN NAME	Josephine Strom
RESIDENCE	Eagle Ida	RESIDENCE	Eagle Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Missouri	BIRTHPLACE	Minnesota
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11.30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George K Hall MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Eagle Ida

Filed April 15 1922 [illegible] Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 1 4 1975

JAN 1 2 1943

DECEASED

312.230-001-799

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Ada

City of Star

No. ✓ St.

Hospital

CERTIFICATE OF BIRTH

99735

Registration District No. 9+10 File No. 19

Primary Registration District No. " Registered No. "

FULL NAME OF CHILD Katherine Louise Casey
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F M		Yes	Mch 30 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Paul L. Casey	FULL MAIDEN NAME	Mabel Elsie Griffith
RESIDENCE	Wash	RESIDENCE	Star
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Oklahoma	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Hull

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 10 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. W. Hall M.D.
(Physician or midwife)

Address Star Idaho

Filed April 28 1922 Orville Jackson
Registrar.

Give names added from a supplemental report.

✓, 19

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866- 210-001-491

PLACE OF BIRTH

County of Ada

City of Star

No. ..... St.

Hospital

MAY 2 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

99736

CERTIFICATE OF BIRTH

Registration District No. 9+10 File No. 18

Primary Registration District No. 1 Registered No. 11

FULL NAME OF CHILD Juanita Claire Hoffman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F M		Yes	Mar 10 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Harry C Hoffman	FULL MAIDEN NAME	Nellie Augusta Drake
RESIDENCE	Star Ida	RESIDENCE	Star Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Michigan	BIRTHPLACE	Conn
OCCUPATION	Farmer	OCCUPATION	Farm

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 10.15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Address Star Idaho

Filed April 2 1922 Orville Jackson Eagle Idaho Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY [illegible] 1942

[illegible] 1917

413-114-001-857

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99737

County of Ada

City of Boise

Registration District No. 9-10 File No. 17

No. ——— St.

Hospital ———

Primary Registration District No. " Registered No. "

FULL NAME OF CHILD James Edward Matlock

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 19 1927

FATHER		MOTHER	
FULL NAME	James W. Matlock	FULL MAIDEN NAME	Lula Heard
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. McKitrick MD
Eagle Idaho
(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar.

Filed April 21 19 27

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 [illegible] 1976

DEC 3 0 1941

749-213-002-799 (Be sure the information is complete and accurate)

Amended 10-15-64

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 99739
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Adams	a. STATE: Idaho b. COUNTY: Adams
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Council	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Council
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	Dorothy	Lois	Purnel

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE____ TWIN X TRIPLET____	1st X 2nd____ 3rd____	Feb. 13, 1922

FATHER OF CHILD

7. FULL NAME	a. (First)	b. (Middle)	c. (Last)
	Harry	M.	Purnel

8. AGE (At time of this birth)	9. BIRTHPLACE (State of foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
46 YEARS	Indiana	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)
	Rosa	M.	Price

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
39 YEARS	Ohio	7	2	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: None

18. ATTENDANT AT BIRTH: M.D.____ MIDWIFE____ OTHER (Specify)____

19. ADDRESS

20. DATE SIGNED

21. DATE REC'D BY LOCAL REG.: March 31, 1922

22. REGISTRAR'S SIGNATURE: W. M. Brown

23. DATE ON WHICH GIVEN NAME ADDED BY____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they oc hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending ph or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or ov the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate o Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpo

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemean upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 99739

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Dorothy Lois Purnell (Name on Original Certificate) who was born (Was Born or Died) on Feb. 13, 1922 (Date of Event)

in Council, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Last Name	Purnell	Purnel
Father's Last Name	Purnell	Purnel
Number of Birth	Not Given	1st Twin

Subscribed and sworn to before me this 22 day of July 1964

Hazel L. Hurlbert

Notary Public, residing at Eagle Idaho

My commission expires Sept. 28, 1964

(Seal)

Signed Doris L. Scheer

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1609 Reinhart Dr. Boise, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

In Office 7-22-64. 1cp pd rec # 5341

Another Child's Birth Cert. on file: (Idaho Birth) #99740 gives father's last name as Purnel - viewed by V.S.

Father's Death Cert. on file: (Idaho Death) #55-4490 gives full name of deceased as Harry Marcus Purnel - viewed by V.S.

Family Record gives name as Dorothy Lois Purnel first twin of Harry M. Purnel born in Adams County, Idaho Fe. 13, 1922. Obviously old
Viewed by V. S.

Report card issued by Public Schools of Adams County, Idaho for the year of 1928 and 1929 gives last name as Purnel

Viewed by V. S.

744213002-799 (Be sure the information is complete and accurate)

Amended 10-15-61

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 99740
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

a. COUNTY: Adams

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Council

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Adams

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Council

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): Doris b. (Middle): Louise c. (Last): Purnel

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE ____ TWIN X TRIPLET ____	1st ____ 2nd X 3rd ____	Feb. 13, 1922

FATHER OF CHILD

7. FULL NAME

a. (First): Harry b. (Middle): M. c. (Last): Purnel

8. AGE (At time of this birth)	9. BIRTHPLACE (State of foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
46 YEARS	Indiana	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Rosa b. (Middle): M. c. (Last): Price

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
39 YEARS	Ohio	8	2	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: None

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: March 31, 1922

22. REGISTRAR'S SIGNATURE: W. M. Brown

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

I OF VITAL STATISTICS, BOISE, IDAHO.

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occ hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phy or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this a with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or ow the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, i case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpos

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cl with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeano upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 99740

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Doris Lois Purnel (Name on Original Certificate) who was born (Was Born or Died) on Feb. 13, 1922 (Date of Event)

in Council, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Number of Birth	1st Twin	2nd Twin
Full Name of Child	Doris Lois Purnel	Doris Louise Purnel

Subscribed and sworn to before me this 22 day of June, 1964

Notary Public, residing at Caldwell, Idaho

My commission expires Sept. 28, 1964

(Seal)

Signed Dorothy L. Denmark
(Signature of patient or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6320-185th Place S.W., Lynnwood, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 In Office 7-22-64.

1 cp pd 5341

Family Record gives name as Doris Louise Purnel, 2nd Twin daughter of Harry M. Purnel born in Adams County, Idaho Feb. 13, 1922. Obviously old. Viewed by V. S.

Marriage license and Certificate gives name as Doris Louise Purnel of Council, Idaho. Married March 22, 1941 County of Adams, Matilda Moser, Recorder.
Viewed by V. S.

295-221-002-437

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

County of Adams

City of Council

No. ..... Registration District No. ..... File No. 99741

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Maxine Amanda Brewer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Mar 21 1922

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Earl W. Brewer	FULL MAIDEN NAME	Isabelle McGibbon
RESIDENCE	Council	RESIDENCE	Council
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Ill.	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 2.30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Brown
(Physician or midwife)

Address Council

Filed Mar 31 1922 W M Brown
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL RE[illegible] BIRTH SHOU[illegible]

APR 23 1942

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Council

Street:

County: Adams

File Number: 99741

Registration Dist. No.:

Date of Birth: March 21 1922

Sex of Child: Female

Father: Earle Elmer Brewer (Full Name)

Mother: Isabel Brewer (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Maxine Amanda Brewer (Child's Name in Full)

Earle Elmer Brewer (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

255-211-002-542

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Mesa

RECEIVED APR 21 1922 BUREAU OF VITAL

No. ..... St. ..... Registration District No. ..... File No. 99742

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Ruth Marie Keele
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Feb 11 1922

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Valdez W Keele	FULL MAIDEN NAME	Ruth Edson
RESIDENCE	Mesa	RESIDENCE	Mesa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 9 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Brown

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Council

Filed Mar 31 1922 W M Brown Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1942

141-203-002-959

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

No. ..... St.

Registration District No. .....

File No. 99743

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Alma Minerva Adams
(Certificate of no value without full name of child.)

Sex of Child Female | Twin, Triplet, or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Feb 8 (Month) (Day) 1922 (Year)

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Albert A. Adams	FULL MAIDEN NAME	Olga Reimer
RESIDENCE	Council	RESIDENCE	Council
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	
OCCUPATION	Barber	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... 10 M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Brown
(Physician or midwife)

Address Council

Filed Mar 21 1922 W M Brown
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 22 1957

JAN 20 1944

OCT 15 1957

43-202-002-258

PLACE OF BIRTH

County of Adams

City of Council

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 99744

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Maxine McMurren

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Feb 2 1922

FATHER		MOTHER	
FULL NAME	Wesley C. McMurren	FULL MAIDEN NAME	Goldie Keys
RESIDENCE	Council	RESIDENCE	Council
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Lumberman	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 9 lb M (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Brown

(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Mar 31 1922 W M Brown Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1982-103010

380-22-002-759

PLACE OF BIRTH

County of Adams

City of Council

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev-1-1-19

CERTIFICATE OF BIRTH

99745

RECEIVED
APR 21 1922
BUREAU OF VITAL

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Arlie Joe Thorpe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Jan 22 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur R. Thorpe	Zolla Perkins
RESIDENCE	Council	Council
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	22
BIRTHPLACE	Wash	Va
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 7 A M on the date above stated.

(Signature) W M Brown

(Physician or midwife)

Address _____

Filed Mar 31 1922 W M Brown Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 10 [illegible]

Dup of [illegible] 103011

362-216-002 294

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED APR 21 19

County of Adams

City of Council

Registration District No. _____ File No. 99746

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Vera Marie Cossitt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Jan 16 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Cossitt	FULL MAIDEN NAME	Vera Simmons
RESIDENCE	Council	RESIDENCE	Council
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wy.	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 9 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Brown

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed Mar 31 1922 W M Brown

Registrar

Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAY 8 - 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number .....99746.....

Registration Dist. No. .....

Sex of Child.....Female.....

Date of Birth Jan. 16 .....192.2..

Father .....H. Frank Cossitt.....
Full Name

Mother Vera Leota Simms
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....Vera Marie Cossitt.....
Child's Name in Full

.....Mrs. Frank Cossitt.....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

753-212-002-8

PLACE OF BIRTH

RECEIVED
APR 21 1922
VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99747

County of Adams

City of Council

Registration District No. ..... File No. .....

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Carrie Cordelia Peters

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of Birth June 12 (Month) (Day) 1922 (Year)

FATHER

FULL NAME Wm H. Peters

RESIDENCE Council

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Wa.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ruby Hunt

RESIDENCE Council

COLOR W AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Idaho

OCCUPATION Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M on the date above stated.

(Signature) W M Brown

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Physician or midwife)

Address Council

Filed Mar 31 1922 W M Brown

Registrar

S-Y CO. 24055

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS FOR A CERTIFICATE

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Council Idaho

Street: .....

County: Adams

File Number: 99747

Registration Dist. No.: Do Not Know

Sex of Child: Female

Date of Birth: January 12 1922

Father: William Albert Peters (Full Name)

Mother: Ruby Mae Hunt (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Carrie Cordelia Peters
Child's Name in Full

William Albert Peters
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

314-128-002-365 Mother's name & # of children amended 11-17-87 lh

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Adams

City of Council

Registration District No.

File No. 99748

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Hartley Bernard Campbell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male Ray		yes	Jan (Month) 28 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Orla V Campbell	FULL MAIDEN NAME	Emma Corner Corner
RESIDENCE	Council	RESIDENCE	Council
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Jawia (Iowa)	BIRTHPLACE	Jawia
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4-5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Vachney MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Council Idaho

Filed Mar. 31 1922 W M Brown Registrar

S-Y CO. 24655

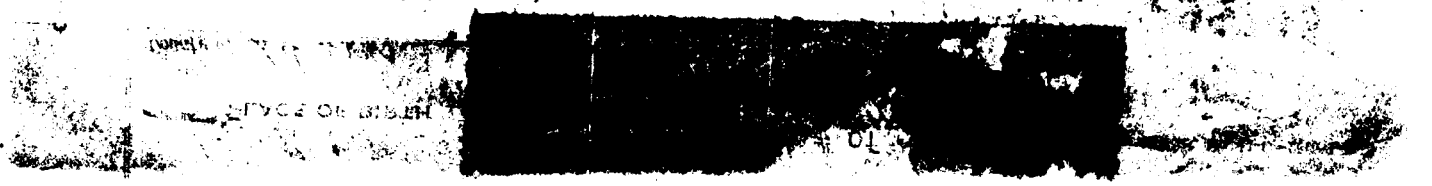
MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Nov. 14, 1940 E.W.

Dup of 1922-1030-13



10-6-87

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Oregon
County of Jackson } ss.

OCT 26 1987
VITAL STATISTICS UNIT

Certificate No. 99748
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Hartley Bernard Campbell (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan. 28, 1922 (Date of Event)

in Council, Adams Co. (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
mother's maiden name	Coner	Corner
No. of children of this mother	4	5

Subscribed and sworn to before me this 13th day of October, 1987

Notary Public, Diane M Mitchell

Residing at Medford, OR.

My commission expires

(Seal)

DIANE MITCHELL
NOTARY PUBLIC OREGON
My Commission Expires 9-12-91

Hartley Bernard Campbell
Hartley B. Campbell
Signature of Applicant

1409 Fortune Drive, Medford, OR 97504
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed XXX)
(Is not necessary ___)

State of Oregon
County of Yamhill } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of October, 1987.

Notary Public, Nancy M. Mills

Residing at Newberg, Oregon

My commission expires 11-21-89

(Seal)

Harvey J. Campbell
(Supporting Signature)

1301 E. Fulton St. Newberg, OR 97132
Street Address, City, State

NOV 1 6

Birth certificate of Howard Orlo Campbell born July 3, 1917 in Palisade, Hitchcock Co., NE #16480 gives name of mother as Emma A. Corner.
Viewed by V.S.

John W. Corner Estate - Petition filed March 18, 1918 in the county court of Hitchcock Co., NE gives name of daughter as Emma A. (Corner) Campbell.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of council

Registration District No. 99749

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Norman Selby

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Feb (Month) 16 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Chester E Selby	FULL MAIDEN NAME	Edith E Grossen
RESIDENCE	Council	RESIDENCE	Council
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5 44 O M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Vadney

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Council Idaho

Filed Feb 1922

..... Registrar

..... Registrar

S-Y CO. 24655

[redacted]

142-172-002-4953

PLACE OF BIRTH

RECEIVED APR 31 1922

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of New Meadows

Registration District No. _____ File No. 99750

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Vernon Merl Austin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Feby (Month) 12 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ralph Edward Austin	FULL MAIDEN NAME	Mary Viola Miller
RESIDENCE	Spokane Wash	RESIDENCE	New Meadows, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	New Meadows, Ida
OCCUPATION	Traveling Salesman	OCCUPATION	House wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 1.30 a. m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Schuyler, M.D.

M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address New Meadows and McCall, Idaho

Filed Mar 31 1922 W. M. Brown

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

684-119-002-915

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Adams

City of New Meadows

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 99751

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Charles Marion-Boswell Wyman

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	Yes	Jany 19 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles A. Wyman	FULL MAIDEN NAME	Ida Raney
RESIDENCE	New Meadows, Idaho	RESIDENCE	New Meadows, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Galesburg, Idaho	BIRTHPLACE	Somerset, Ky.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6.30 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Schuyler, M. D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address New Meadows and McCall, Idaho

Filed Mar 31 1922 W. M. Braun

Registrar

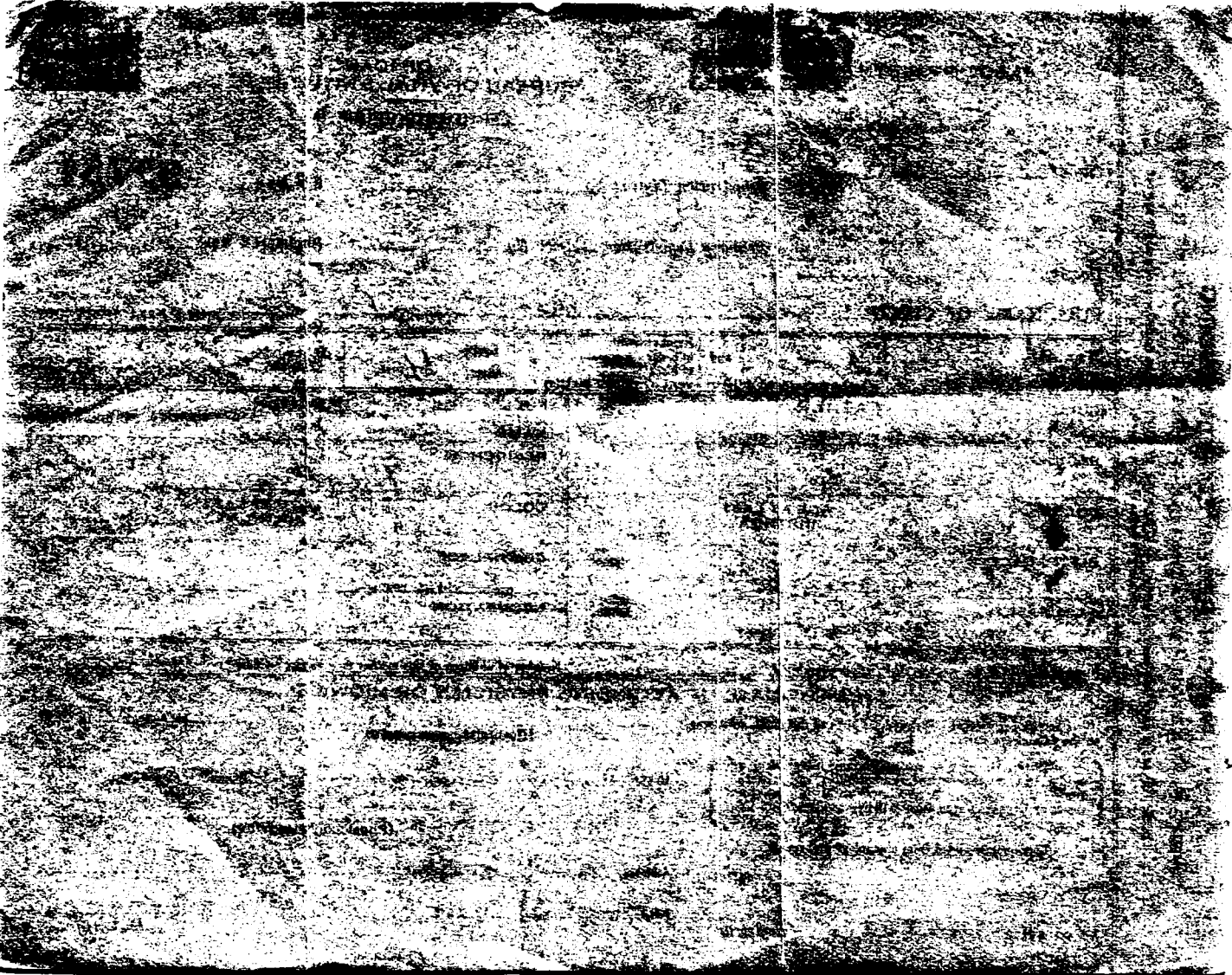
Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

495-123-002-613

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

APR 21 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of New Meadows, Registration District No. File No. 9953

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Merlin Rawlin Dreyer

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	Yes	March 23 (Month) (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Rawlin Henry Dreyer	FULL MAIDEN NAME	Laura [illegible] Wallace
RESIDENCE	New Meadows, Idaho	RESIDENCE	New Meadows, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	[illegible] (Years)
BIRTHPLACE	Rawlins Wyoming	BIRTHPLACE	Washington Co. Idaho
OCCUPATION	Public Carrier (motor)	OCCUPATION	House-wife & Cook

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) N. N. Schuyler, M.D.

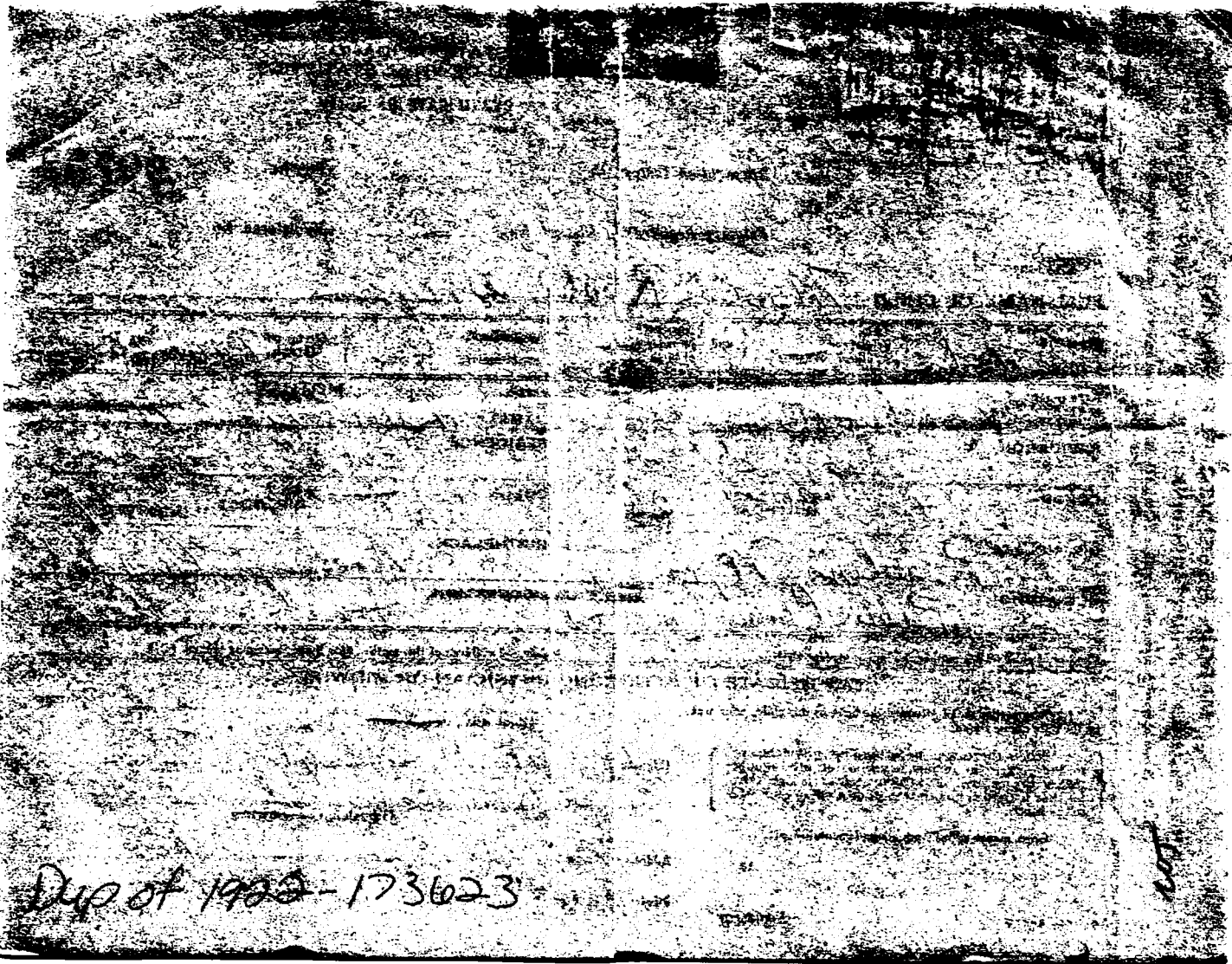
(Assisted by Dr. Brown of Council Idaho)
(Physician or midwife)

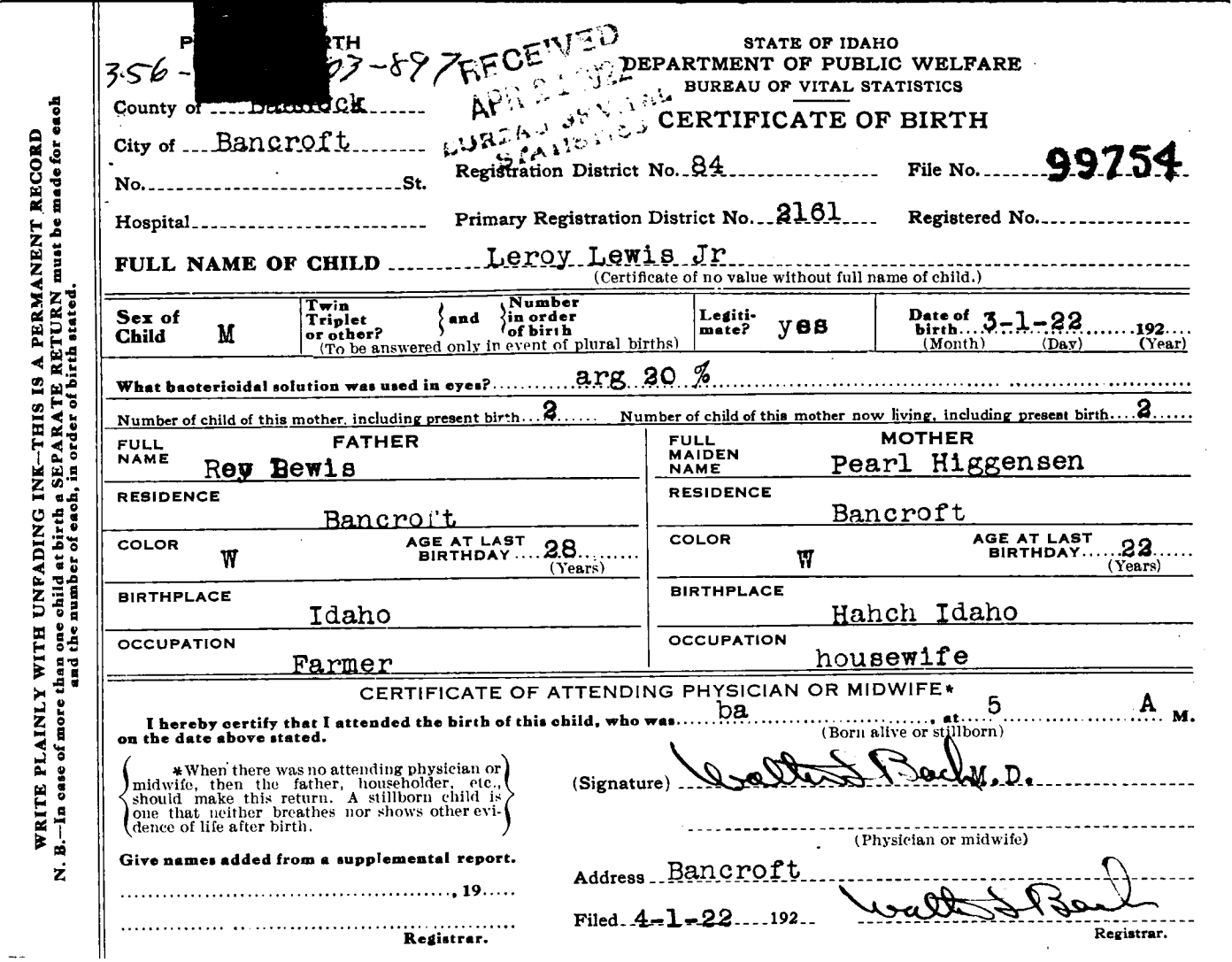
Address New Meadows Idaho

Filed Mar. 31 1922 W. M. Brown Registrar

S-Y CO. 24688

Weight 9 1/4 lbs. at birth.


Dup of 1992-173623



P[redacted]RTH

3.56-[redacted]03-897 RECEIVED APR 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]ock

City of Bancroft

No. _____ St.

Registration District No. 84 File No. 99754

Hospital _____ Primary Registration District No. 2161 Registered No. _____

FULL NAME OF CHILD Leroy Lewis Jr
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	3-1-22 192

What bactericidal solution was used in eyes? arg 20 %

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Roy Lewis	FULL MAIDEN NAME	Pearl Higgensen
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Hahch Idaho
OCCUPATION	Farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ba, at 5 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Walter S Bach M. D.
(Physician or midwife)

Address Bancroft

Filed 4-1-22 192 Walter S Bach
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

791-163-003-916

PLACE OF BIRTH

RECEIVED APR 21 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ____ St.

Registration District No. 84 File No. 99755

Hospital ____ Primary Registration District No. 2161 Registered No. ____

FULL NAME OF CHILD George Dewey Grace
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	3-13-22 192

What bactericidal solution was used in eyes? arg 20 %

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Aurbon Fitzhugh Grace	FULL MAIDEN NAME	Essie I. Rawlins
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was b a (Born alive or stillborn), at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Walter S Roach M.D.
(Physician or midwife)

Address Bancroft

Filed 4-#-22 192 Walter S Roach
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RUPERT IDAHO SEPTEMBER 27 I94I.

ESSIE I.GRACE Being first duly sworn on oath before me made this 27 day of September I94I

Deposes and says she is the mother of GEORGE GRACE born on the I2th day of March I922. at BANCROFT in the State of Idaho That the said physician reporting said birth,must inadvertantly. been mistaken in his report as the child was a male child And the son of A.F.GRACE ,and EISSIE I .(RAWLINS) GRACE

Essie I. Grace

****

SUBSCRIBED and SWORN to before me this 27th day of SEPTEMBER I94I

H. A. Borgen

PROBATE JUDGE

JAN 22 1945

APRIL 7, 1955 AMENDED APRIL7 1955

PLACE OF BIRTH

276-209-003-214

County of Bannock

City of Pocatello

No. ..... St.

Hospital Pocatello General Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 99756

Primary Registration District No. 2161 Registered No. 77 4258

FULL NAME OF CHILD RHODA BAUERLE STOCKS

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb. 9 1922

What bactericidal solution was used in eyes? 1% AgNO3

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Otto Stocks	Martha Bauerele
RESIDENCE	Arbon, Idaho	Arbon, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	31
BIRTHPLACE	Lewiston, Utah	Wurtemburg, Germany
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) W. F. HOWARD

Physician (Physician or midwife)

Address Pocatello, Idaho

Filed April 1 1922 J. R. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Multnomah

Certificate No. 99756

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Rhoda Bauerle Stocks (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of ~~his~~ her knowledge, the
true facts are shown by family record (Bible Record, Insurance Policy, Etc.) prepared ~~on~~ shortly after return home from hospital from (Give Date) are: memo received from hospital staff

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex	Male	Female
time of birth	3 a. m.	7:15 a. m. ~~P.S.T.~~

Subscribed and sworn to before me this 30th day of March, 1955

Barry D. Whittle
Notary Public, residing at Portland Ore.
My commission expires 2-24-59
(Seal)

Signed Martha Bauerle Stocks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)
4832 86 92 ave/ Portland, Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON } ss.
County of MULTNOMAH

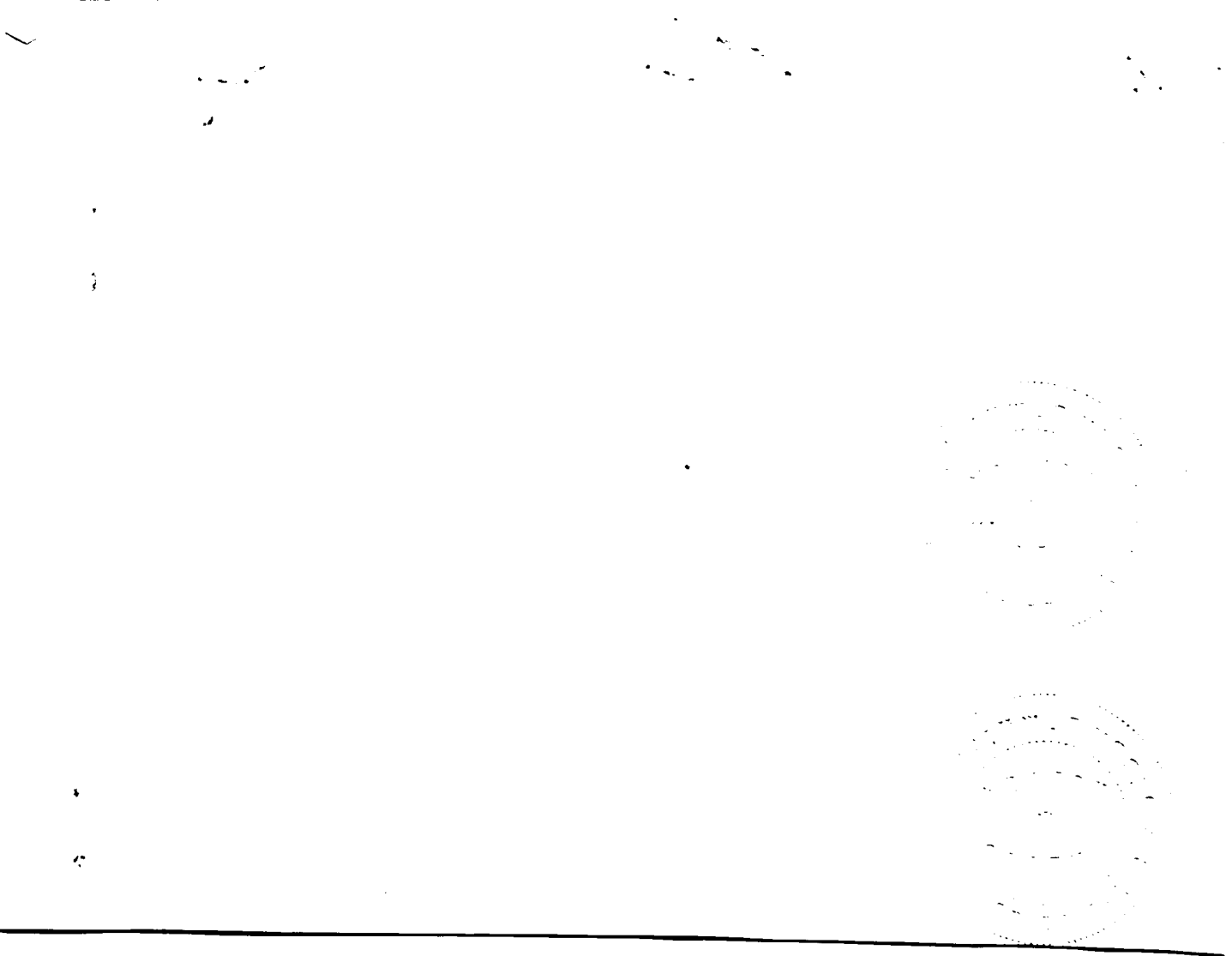
[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 TH day of March, 1955

Barry D. Whittle
Notary Public residing at Portland Ore.
My commission expires 2-24-59
(Seal)

Signed Anna S Fraser
(Signature of Any Credible Person Other Than Previous Year)
4730 S E 41st Ave
(Street Address, City, State)
Portland 2, Ore.



168-174-003-749

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

99757

RECEIVED APR 2 1 192 BUREAU

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 335 So.4th. St.

Hospital

Registration District No. 28 File No. 77

Primary Registration District No. 2161 Registered No. 4259

FULL NAME OF CHILD Edward Earl Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Feb. 14 1922

What bactericidal solution was used in eyes? 1 % Agno3

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Niels O. Johnson	FULL MAIDEN NAME	Ester Burnett Johnson
RESIDENCE	335 So. 4th.	RESIDENCE	335 So. 4th.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Logan, Utah.	BIRTHPLACE	Bryson City, N.C.
OCCUPATION	Freight Conductor	OCCUPATION	Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard

Physician
(Physician or midwife)

Address Pocatello, Idaho.

Filed 4/1 1922 J. L. Young Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 23 1954
APR 16 1965

862-228-003-289

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99759

County of Bannock

City of Pocatello

No. R.F.D. #1 St.

Hospital

Registration District No. 28 File No. 77

Primary Registration District No. 2161 Registered No. 4261

FULL NAME OF CHILD Hideko Yokota

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	Jan (Month) 28 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Teigoro Yokota	FULL MAIDEN NAME	Kohan Shiotsu
RESIDENCE	Pocatello, Ida	RESIDENCE	Pocatello, Ida
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dean M. Newton

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Pocatello Ida

Filed 4/1 1922 J R Young Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-202-003-453

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99760

County of Bannock

City of Lava Hot Springs

No. ..... St.

Hospital .....

RECEIVED APR 2 1 19 BUREAU STATE

Registration District No. 28 File No. 77

Primary Registration District No. 2161 Registered No. 4262

FULL NAME OF CHILD Pearl Avery

Sex of Child Female

Twin Triplet or other? Twin and Number in order of birth 2 (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 3 (Month) 2 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Jesse J Avery	FULL MAIDEN NAME	Alice Delilah Avery
RESIDENCE	Lava Hot Springs	RESIDENCE	Lava Hot Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida-
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

Argerol

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

Lava Hot Springs (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 4/1 1922

[signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-102-003-455

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Lava Hot Springs

No. ..... St.

Hospital .....

RECEIVED APR 21 1922 VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 99761

Primary Registration District No. 7161 Registered No. 4263

FULL NAME OF CHILD Paul Lloyd Avery

Sex of Child: Male

Twin, Triplet or other? Twin and Number in order of birth: 1

(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: 3 (Month) 2 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Jesse J. Avery	FULL MAIDEN NAME	Alice Delilah Avery
RESIDENCE	Lava Hot Springs	RESIDENCE	Lava Hot Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kanosh Utah	BIRTHPLACE	Cambridge Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

Angerol

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6.00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Address Lava Hot Springs

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4/1 1922 [illegible] Registrar

JAN 2 0 1944

753-105-003-955

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99762

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 77

Hospital Pocatello Gen'l Primary Registration District No. 2161 Registered No. 4264

FULL NAME OF CHILD Robert Peterson.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	3/5 1922

What bactericidal solution was used in eyes? Ag NO 3 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Emanuel Brigham Peterson	FULL MAIDEN NAME	Valera Renburg
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mexico	BIRTHPLACE	Mt Pleasant Utah
OCCUPATION	Mgr. Underwood Typ. Writer Branch	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 3:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address Pocatello Ida

Filed 4/1 1922 [signature] Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 22 1966

717-205-003-962

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99763

County of Bannock

City of Pocatello Ida

Registration District No. 28 File No. 77

No. 412 So St. 11th

Primary Registration District No. 2161 Registered No. 4265

Hospital

FULL NAME OF CHILD Zela Ella Gaglia

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Mar 5 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Nick Gaglia	FULL MAIDEN NAME	Goldie Roberts
RESIDENCE	Drummond Montana	RESIDENCE	412 So 11th
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Utah
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3.41 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Lyons

Phy & Surgeon (Physician or midwife)

Given names added from a supplemental report.

19

Address 1 10 W. Hayden St

Filed 4/1 1922 J. R. Young Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 1 1941

OCT 16 1972

599-105-003 613

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 225 S. 14th Ave. St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99764

Registration District No. 28 File No. 77

Primary Registration District No. 2161 Registered No. 4266

FULL NAME OF CHILD John Alvin Erickson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Mar. 5. 1922

FATHER	MOTHER
FULL NAME Emil Erickson	FULL MAIDEN NAME Elizabeth Wallin
RESIDENCE Pocatello Idaho	RESIDENCE Pocatello Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Sweden
OCCUPATION Contractor	OCCUPATION Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Hadden
Physician
(Physician or midwife)

Address 312 Carlson Bldg

Given names added from a supplemental report.

19

Registrar

Filed 4/1 1922

J. H. Young
Registrar

JAN 8 1944

MAR 6 1969

218-106-003-653

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 99765

County of Bannock
City of Pocatello
No. 425 E. Bella St.
Hospital General

Registration District No. 28 File No. 77
Primary Registration District No. 7161 Registered No. 4267

FULL NAME OF CHILD Robert [illegible] Sahlberg
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	— and —	—	Yes	3 - 6 1922

What bactericidal solution was used in eyes? Ag NO3 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Carl John Sahlberg	FULL MAIDEN NAME	Ada Welch
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Truck driver	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8. A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]
Physician
(Physician or midwife)
Address Pocatello

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 4/1 1922 [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 21 1976

395-206-003-155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock
City of Pocatello
No. 739 S. arthur St.
Hospital St. Anthony

Registration District No. 28 File No. 99766
Primary Registration District No. 461 Registered No. 4268

FULL NAME OF CHILD Lucille Anna Trevillyan
(Certificate of no value without full name of child.)

Sex of Child: Female
Twin, Triplet or other? (To be answered only in event of plural births)
Number in order of birth: One
Legitimate? Yes
Date of birth: March 6th 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Silver nitrate 1%

Number of child of this mother, including present birth: One
Number of child of this mother now living, including present birth: One

FATHER		MOTHER	
FULL NAME	Edwin Allen Trevillyan	FULL MAIDEN NAME	Veronica Mary Jenkins
RESIDENCE	739 S. arthur	RESIDENCE	739 S. arthur
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Great Falls, Mont.	BIRTHPLACE	Great Falls, Mont.
OCCUPATION	Electrician	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:00 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Heughart
Physician.
(Physician or midwife)

Address 400 Kane Blk. Pocatello, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 4/1 1922

J. C. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 10 1942

714 109.003-365

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

99767

RECEIVED APR 21 19[illegible]
BUREAU

CERTIFICATE OF BIRTH

County of Bannock
City of Pocatello
No. 403 E. Clark St.
Registration District No. 28 File No. 77
Hospital
Primary Registration District No. 2161 Registered No. 4269

FULL NAME OF CHILD Jesus Gamboa
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	3-9-192[illegible]

What bactericidal solution was used in eyes? argyrol 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Able Gamboa	FULL MAIDEN NAME	Burana Torres
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	Brown	COLOR	Brown
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Laborer	OCCUPATION	keep

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Young
(Physician or midwife)

Address Pocatello Idaho

Give names added from a supplemental report.

....., 19.....

Filed 4/1 192[illegible] J. P. Young
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 6 1955

619-109-203419

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 99768

County of Bannock
City of Pocatello
No. 726 E. Bridger St.
Hospital At home

Registration District No. 28
Primary Registration District No. 2161
File No. 77
Registered No. 4270

FULL NAME OF CHILD ~~Eccello~~ JAMES Raymond Farrace
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	March 9 1922

What bactericidal solution was used in eyes? Boracic Acid

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Emilo D. Farrace	FULL MAIDEN NAME Emilia Margiotto
RESIDENCE 726 E. Bridger St. Pocatello Idaho	RESIDENCE 726 E. Bridger St Pocatello Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE S. Massimo Italy	BIRTHPLACE Cumberland Wis.
OCCUPATION Foreman, State. Dept.	OCCUPATION house wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Mar. 9 1922, at 10 o'clock P. M. (Born alive or stillborn) alive on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) James M. Smith M. D.
Physician
(Physician or midwife)
Address Pocatello Idaho.

Filed [redacted] 1922
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 99768

County of Los Angeles } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Birth Certificate (Name on Original Certificate) who Born (Was Born or Died) on March 9, 1923 (Date of Event)

in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible records (Bible Record, Insurance Policy, Etc.) prepared on June 24, 1933 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Emilo Raymond Farrace	~~Raymond Emilo Farrace~~ James Raymond Farrace

Subscribed and sworn to before me this 2nd day of July, 1942

Fred L Wichman

Notary Public, residing at South Gate, Calif

My commission expires May 20, 1944

(Seal) NOTARY PUBLIC IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

Signed x Emilio Farrace

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

754 So amalia ave, Los angeles cali

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Los Angeles }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of July, 1942

Fred L Wichman

Notary Public, residing at South Gate, Calif.

My commission expires May 20, 1944

(Seal)

Signed Emilo D Farrace

(Signature of Any Credible Person Other Than Previous Year)

754 So. amalia ave

(Street Address, City, State)

Los angeles, cali

JUL 6 1942 NOTARY PUBLIC IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

JUL 7 1942

AUG 4 - 1959

259-209.003-255

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

99769

RECEIVED
APR 1 1922
BUR

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 77

Hospital St. Anthony Primary Registration District No. 2161 Registered No. 4271

FULL NAME OF CHILD Jean Mercedes Berrett.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Mar 9 1922

What bactericidal solution was used in eyes? 1% AgNO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Leon Ford Berrett	FULL MAIDEN NAME	Mary Keefe
RESIDENCE	Stafford Apts. Pocatello Ida	RESIDENCE	Stafford Apts. Pocatello Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Rawlins, Wyo.
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers
(Physician or midwife)

Address Pocatello, Idaho

Filed 4/1 1922 J R Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

655·109·003-691

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED APR 20 1922

CERTIFICATE OF BIRTH

99770

County of Bannock

City of Lava Hot Springs

Registration District No. 28

File No. 77

No. ..... St.

Primary Registration District No. 2141

Registered No. 4272

Hospital .....

FULL NAME OF CHILD Herbert Burnell Weeks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	3 (Month) 9 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Herbert Weeks	FULL MAIDEN NAME	Ruby Velma Frasier
RESIDENCE	Lava Hot Springs	RESIDENCE	Lava Hot Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Lyman, Ida.	BIRTHPLACE	Great Falls, Mont
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

Argerol

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3.50 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lava Hot Springs

Filed 4/1 1922 [signature]

Registrar

Registrar

343-109-003-893

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922

CERTIFICATE OF BIRTH

99771

County of Bannock

City of Pocatello

Registration District No. 28 File No. 77

No. 1125 So 5th St.

Primary Registration District No. 2161 Registered No. 4275

Hospital

FULL NAME OF CHILD Frank Laverne Cutler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	March 9 1922

FATHER

FULL NAME Clarence Cutler

RESIDENCE Pocatello Ida 1125 So 5th ave

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Butte, Montana

OCCUPATION Teamster

MOTHER

FULL MAIDEN NAME Mary Ellen Hill

RESIDENCE Pocatello Ida 112 S. So 5th ave

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE McCalister Okla

OCCUPATION Homemaker

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:30 A.M. on the date above stated.

(Signature) Wm. M. Newton

(Physician or midwife)

Address Pocatello Ida

Filed 4/1 1922 J. H. Young Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

465-21-003-639

PLACE OF BIRTH

RECEIVED APR 21 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99772

County of Bannock

City of Pocatello

No. 906 W. Center St.

Registration District No. 28 File No. 77

Hospital

Primary Registration District No. 7161 Registered No. 4274

FULL NAME OF CHILD Anna Elizabeth Montwieler
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	Mar 11 1922

What bactericidal solution was used in eyes? 17.9 g NO_3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Charles Jacques Montwieler	FULL MAIDEN NAME	Alice Anna Olive
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Rock Springs Wyoming
OCCUPATION	Plumber	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers

(Physician or midwife)

Address Pocatello Idaho

Filed 4/1 1922 J. Young Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 15 1942
FEB 15 1943

SEP 2 6 1941

261-213-003 786

PLACE OF BIRTH

RECEIVED
APR 21 1922
PUBLIC HEALTH STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99773

County of Bannock
City of Pocatello
No. 415 N. Johnson St.
Hospital

Registration District No. 28
Primary Registration District No. 2161
File No. 77
Registered No. 4275

FULL NAME OF CHILD Mary Alice Swanson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Mar 13 1922

What bactericidal solution was used in eyes? 1% AgNO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Henry J. Swanson	FULL MAIDEN NAME Elsie Ruth Phoenix
RESIDENCE 415 N Johnson, Pocatello, Idaho	RESIDENCE 415 N Johnson, Pocatello Idaho
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Sioux City, Minnesota	BIRTHPLACE Elroy, Wisconsin
OCCUPATION Attorney at Law	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:40 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Neil Brothers
(Physician or midwife)

Address Pocatello, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 4/1 1922 J. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 19 1948

MAR 16 1943

25-211-003-619

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99774

County of Bannock

City of Pocatello Id

Registration District No. 28 File No. 77

No. 118 W Gould St.

Primary Registration District No. 2161 Registered No. 4276

Hospital

FULL NAME OF CHILD Inez Boodry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		no	Mar 11 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Vernon avis	FULL MAIDEN NAME	Mabel Farrell
RESIDENCE	344 So 12 Th	RESIDENCE	118 W Gould
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	16 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	utah	BIRTHPLACE	utah
OCCUPATION	Truck Driver	OCCUPATION	Housewife

Number of child of this mother, including present birth — Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 50 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lynn

physician (Physician or midwife)

Given names added from a supplemental report.

Address 440 W. Hayden St

Filed 4/1 1922 J. H. Young Registrar

Registrar

S-Y-CO 38071

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

... UNFADING INK—THIS IS A PERMANENT RECORD

MAY 8 1961

563-212-003-793

PLACE OF BIRTH

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99775

County of Bannock

City of Pocatello

No. 355 N 6 ave St.

Hospital St Anthony

Registration District No. 28 File No. 77

Primary Registration District No. 2161 Registered No. 4277

FULL NAME OF CHILD Teresa Jean Volpi
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
7		yes.	3-12-1922

What bactericidal solution was used in eyes? agno 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	James Volpi	FULL MAIDEN NAME	Ferri Picchi
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	laborer	OCCUPATION	hwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 50 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Young
(Physician or midwife)

Address Pocatello Ida

Filed 4/1 1922 J R Young Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 24 1942

713-212-003-141

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello — Registration District No. 28 — File No. 77 99776

No. 440 N 3rd St. — Primary Registration District No. 2161 — Registered No. 4278

Hospital

FULL NAME OF CHILD Lois Gallichan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	mar. 12 1922

FATHER	MOTHER
FULL NAME Daniel McGallichan	FULL MAIDEN NAME Alta adams
RESIDENCE 440 N 3rd	RESIDENCE 440 N 3rd.
COLOR white — AGE AT LAST BIRTHDAY 29 (Years)	COLOR white — AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Kentucky	BIRTHPLACE Kentucky
OCCUPATION Engineer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 P. M. on the date above stated.

(Signature) J. W. Thompson
Physician
(Physician or midwife)

Address 440 N. Hayden Ave

Filed 4/1 1922 — Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 22 1967

231-212-003-993

PLACE OF BIRTH

RECEIVED
APR 21 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99777

County of Bannock

City of Pocatello

No. R.F.D. # 1 St.

Registration District No. 28 File No. 77

Hospital Primary Registration District No. 2161 Registered No. 4279

FULL NAME OF CHILD Lillie Stanger

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Mar 12 1922

What bactericidal solution was used in eyes? 1% AgNO3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Orville Baugh Stanger	Virgie May Richardson
RESIDENCE	Pocatello Idaho.	Pocatello Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	22	22
BIRTHPLACE	Hailey, Idaho.	Fairview Wyoming
OCCUPATION	Farmer.	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers

(Physician or Midwife)

Address Pocatello Idaho.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 4/1 1922 J. H. Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 23 1968

4165-112-003-213

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital Sisters

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 99778

Registration District No. 28 File No. 7

Primary Registration District No. 2161 Registered No. 1280

FULL NAME OF CHILD Charles William Smart.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Mar 12 1922

What bactericidal solution was used in eyes? 1% AgNO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Charles Herbert Smart.	FULL MAIDEN NAME Ethel May Batchelor
RESIDENCE Pocatello Idaho.	RESIDENCE Pocatello Idaho
COLOR White AGE AT LAST BIRTHDAY 21 (Years)	COLOR W. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Weymore Nebraska.	BIRTHPLACE Ogden, Utah.
OCCUPATION U.P.R. Clerk	OCCUPATION Housework.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Male, born alive at 3 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Brotherton
(Physician or midwife)

Address Pocatello Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 4/1 1922 J R Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395-217-003-165

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99779

County of Bannock

City of Pocatello

No. 855 So. Main St. Registration District No. 28 File No. 87

Hospital General Hospital Primary Registration District No. 2161 Registered No. 4281

FULL NAME OF CHILD Margaret Lucille Lindau
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Feb. 13 1928

What bactericidal solution was used in eyes? 1% Argno3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Wm. Bernhardt Lindau	FULL MAIDEN NAME: Bessie F. Jones
RESIDENCE: 855 S. Main	RESIDENCE: 855 S. Main
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Madison, Ill.	BIRTHPLACE: Taylor Co. Iowa
OCCUPATION: Mgr. Gem State Lumber Co.	OCCUPATION: Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W F Howard

Physician
(Physician or midwife)

Address Pocatello, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 4/1/1928 J. H. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/4/41 L. B. 2 copies

219-113-003-306

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St. .....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Jerry A. Barrett

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term	Yes	March 15, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Albert Edward Barrett	18. Full maiden name: Ilene N. Cook
10. Residence (usual place of abode) (If non-resident, give place and State): Pocatello, Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Pocatello, Ida
11. Color or race: Wh | 12. Age at last birthday: 34 (years)	20. Color or race: Wh | 21. Age at last birthday: 28 (years)
13. Birthplace (city or place): Evanston (State or Country): Wyoming	22. Birthplace (city or place): Albion (State or Country): Idaho
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 9:40 A.M. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. H. Lynn, M. D.

or ....., Midwife

Address Pocatello, Idaho

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed April 1, 1922 J. R. Young Registrar.

145-113.003-363

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99781

County of Bannock

City of Pocatello Ida

Registration District No. 28

File No. 77

No. 405 No 11th

Primary Registration District No. 2141

Registered No. 4283

Hospital

FULL NAME OF CHILD ~~[illegible]~~ Louis Clark Ames

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Mar 13 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter Louis Ames	FULL MAIDEN NAME	Delia Collins
RESIDENCE	405 No 11th	RESIDENCE	405 No 11th
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lynn

Physician (Physician or midwife)

Given names added from a supplemental report.

Address 440 W. Hayden St.

19

Registrar

Filed 4/1 1922

J. H. Lynn

Registrar

S-Y-CO 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 99781
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Louis Clark Ames (Name on original certificate) who was born (Was born or died) on March 13 1922 (Date of event)
in Pocatello Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by No Known Record (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Walter Louis Ames	Louis Clark Ames

Subscribed and sworn to before me this 26th
day of December, 1941.
Lynn J. Merrill
Notary Public, residing at Pocatello Idaho
My commission expires July 20, 1942
[SEAL]

Signed Louis Clark Ames
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

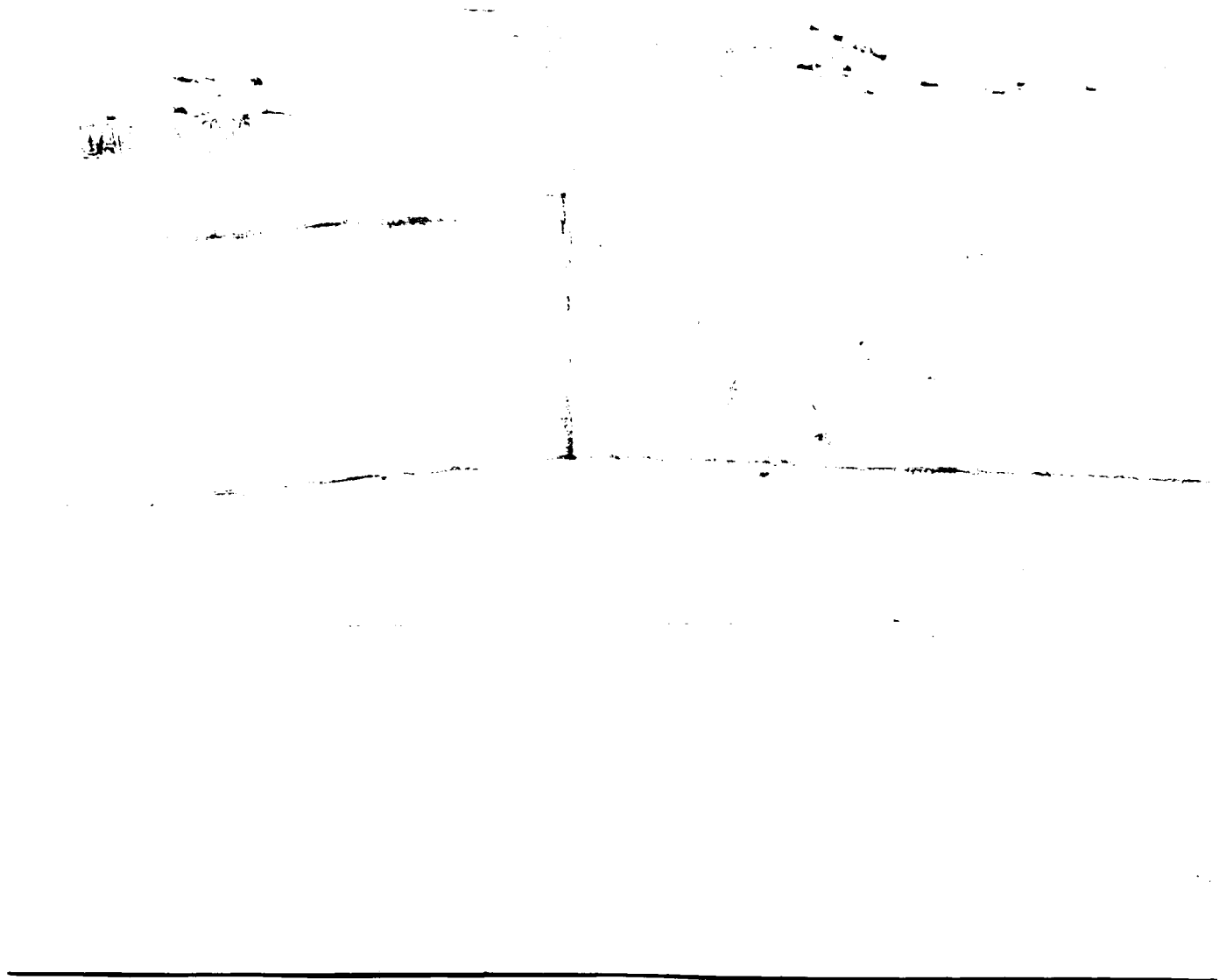
Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)



V19-214-603-392

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 920 N. Lincoln St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 99782

Registration District No. 28 File No. 77

Hospital Primary Registration District No. 2/61 Registered No. 4284

FULL NAME OF CHILD Clara Jane Marler.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Mar 14 1922

What bactericidal solution was used in eyes? 1% Ag NO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Lionel Adolph Marler	Ethel Wanda Lish
RESIDENCE	920 N. Lincoln, Pocatello, Ida.	920 N. Lincoln, Pocatello Ida.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	24	16
BIRTHPLACE	Clifton Idaho	McCammon, Idaho.
OCCUPATION	Pipe Fitter. Helper.	Housework.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 40 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) W. M. Brothers
(Physician or midwife)

Address Pocatello Idaho.

Filed 4/1 1922 J. H. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

392-118 003-515

County of Bannock

City of Pocatello

No. 1402 So 4th St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99783

Registration District No. 28 File No. 77

Primary Registration District No. 2141 Registered No. 4285

FULL NAME OF CHILD QUENTIN HENRY LISH
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	3/18 1922

What bactericidal solution was used in eyes? 20 % argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Henry Earl Lish	FULL MAIDEN NAME	Lucy L. Van Eern
RESIDENCE	Pocatello, Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Manhattan, Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 4:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello

Filed 4/1 1922 [signature]

Registrar.

OCT 26 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Elmore } ss.

Certificate No. 99783

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Quentin Henry Lish (Name on Original Certificate) who born (Was Born or Died) on March 18th, 1922 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Doctor Book (Bible Record, Insurance Policy, Etc.) prepared on March, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Quentin Henry Lish

Subscribed and sworn to before me this 23rd
day of October, 1942
O. G. Morrell
Notary Public, residing at Mountain Home, Ida.
My commission expires June 7th, 1943.
(Seal)

Signed Lucy Faye Lish
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Pine, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Elmore } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd
day of October, 1942
O. G. Morrell
Notary Public, residing at Mountain Home, Ida.
My commission expires June 7th, 1943.
(Seal)

Signed Henry E Lish
(Signature of Any Credible Person Other Than Previous Year)
Pine, Idaho
(Street Address, City, State)

OCT 8 7 1942

FEB 10 1947

296-120-003-612

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

99784

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 77

Hospital Pocatello Gen'l Primary Registration District No. 461 Registered No. 4286

FULL NAME OF CHILD Paul Vernon Brown.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	3/20 1922

What bactericidal solution was used in eyes? 20% argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Fred Wm Brown	FULL MAIDEN NAME	Ida Blakely
RESIDENCE	Pocatello Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Sandy, Utah	BIRTHPLACE	Downey, Ida
OCCUPATION	Passenger Brokerman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello

Filed 4/1 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 15 1975

5/28/41 L. B.

255-120-[illegible]-693

Child's name amended 4-11-90 MCM

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99785

County of Bannock

City of Pocatello

No. 627 N. 4th St.

Registration District No. 28 File No. 77

Hospital ~~Augusto Lopes~~ Primary Registration District No. 2161 Registered No. 4287

FULL NAME OF CHILD ~~Augustino Benedetti~~ AUGUST BENEDETTI
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	March 20 1922

What bactericidal solution was used in eyes? 1% Agno³

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Louis Benedetti	FULL MAIDEN NAME	Teresa ~~Phillip~~ ~~Fell~~ Filippi
RESIDENCE	627 North 4th	RESIDENCE	627 N. 4th
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Pisa, Italy	BIRTHPLACE	Carara, Italy
OCCUPATION	Stationery Engineer	OCCUPATION	Hswf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard MD

Physician
(Physician ~~or midwife~~)

Address Pocatello, Idaho.

Filed 4/1 1922 [signature] Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 16 1953

RECEIVED

3-6-90

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

MAR 12 1990

State of _____ } ss.
County of _____ }

COOPERATIVE CENTER FOR HEALTH STATISTICS
VITAL STATISTICS - HEALTH STATISTICS

Certificate No. 99785
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Agusto Louis Benedetti (Name on Original Certificate) who was born (Was Born, Died, etc.) on Mar 20, 1922 (Date of Event)

in Pocatello (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Agusto Louis Benedetti	August Benedetti
~~Father's name~~	~~Louis Benedetti~~	~~Luigi Benedetti~~
~~Mother's maiden name~~	~~Teresa Filippi~~	~~Tarsilia Filippi~~
		not enough documentation to correct nam

Subscribed and sworn to before me this 7 day of March, 1990

X Notary Public, [signature]

Residing at Pocatello, Id.

My commission expires 11/28/94

(Seal)

X August Benedetti
Signature of Applicant

X 1625 Ammon Pocatello Ida.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Catholic baptism certificate shows August Benedetti born Mar 20, 1922 in Pocatello to Luigi Benedetti & Tarsilia Filippi and baptized Mar 29, 1922 in St. Anthony's Church, Pocatello by Rev Fr. H L Hermann. Viewed by VS.

APR 1 1 1990

US Army discharge shows August Benedetti born Mar 20, 1922 in Pocatello and enlisted Aug 2, 1940. Viewed by VS.

693221-003-764

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99786

County of Bannock

City of Pocatello

No. 925 W. Young St.

Registration District No. 28 File No. 71

Hospital

Primary Registration District No. 2141 Registered No. 4288

FULL NAME OF CHILD Maxine Wilber
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 21 1922

What bactericidal solution was used in eyes? 1% Cyros

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: George B. Wilber	FULL MAIDEN NAME: Lena Poulsen
RESIDENCE: 925 W. Young	RESIDENCE: 925 W. Young
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Canterfield, Utah.
OCCUPATION: Photographer	OCCUPATION: Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W F Howard

Physician
(Physician or midwife)

Address Pocatello, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 4/1 1922

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 9 1974

866-221-003-942

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99787

County of Bannock

City of Pocatello

No. R.F.D. 1 St.

Registration District No. 28 File No. 77

Primary Registration District No. 2161 Registered No. 4289

Hospital Lynn Bros

FULL NAME OF CHILD Lucille Isabell Hofeldt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Mar 21 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Herman Hofeldt	FULL MAIDEN NAME	Edith Russell
RESIDENCE	R.F.D. 1	RESIDENCE	R.F.D. 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lynn

phy (Physician or midwife)

Given names added from a supplemental report.

Address 440 West Hayden St

19

Filed 4/1 1922 J. H. Young Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

230-12-007-865

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99788

County of Bannock

City of Pocatello · Registration District No. 28 File No. 77

No. 1588 S 5th Ave St. Primary Registration District No. 2161 Registered No. 4290

Hospital

FULL NAME OF CHILD Irvin Howe Scott

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	March 22 1922

FATHER		MOTHER	
FULL NAME	Newell Edgar Scott	FULL MAIDEN NAME	Vina Howe
RESIDENCE	Pocatello, Ida.	RESIDENCE	Pocatello Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24. (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Millville, Utah.	BIRTHPLACE	Benjamin Utah
OCCUPATION	Cabinet Maker	OCCUPATION	Housf.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Ida Ann Newton

(Physician or midwife)

Address Pocatello Ida

Filed 4/1 1922 J. H. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6

OCT 5 1942

455-22-1003-492

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99789

County of Bannock

City of Pocatello

No. 354 North 7th St. Registration District No. 28 File No. 77

Hospital St. Anthonys' Primary Registration District No. 2161 Registered No. 4291

FULL NAME OF CHILD Antionette Marie DeVriendt
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 24 1922

What bactericidal solution was used in eyes? 1% Cyno 3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Paul DeVriendt	FULL MAIDEN NAME Ann Misslen
RESIDENCE 354 North 7th	RESIDENCE 354 N. 7th
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Rouiers, Belgium	BIRTHPLACE Blackfoot, Idaho.
OCCUPATION bookkeeper	OCCUPATION Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) W. F. Howard M.D.

Physician
(Physician or midwife)

Address Pocatello, Idaho.

Filed 4/1 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 6 1966

FEB 13 1953

454-124-003-319

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1319 So. 5th St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99790

Registration District No. 28 File No. 77

Primary Registration District No. 2161 Registered No. 4292

FULL NAME OF CHILD Leo Underwood

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Mar 24 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leo Underwood	FULL MAIDEN NAME	Thelda Jane Cairns
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Pocatello Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Madden

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address 312 Carlson Bldg Pocatello

Filed 4/1 1922

J. R. Young Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

659-226.003-133

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 21 1922 VITAL STATISTICS STATE OF IDAHO

CERTIFICATE OF BIRTH

99791

County of Bannock
City of Pocatello
No. R.7, N. St.
Registration District No. 28 File No. 77
Hospital
Primary Registration District No. 2161 Registered No. 4293

FULL NAME OF CHILD Marion Edw Ferrin
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
7			yes	3/26/192 2

What bactericidal solution was used in eyes? agno3 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Horace J Ferrin	FULL MAIDEN NAME	Fern Allen
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	ut	BIRTHPLACE	ut
OCCUPATION	farmer	OCCUPATION	hwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 09 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J.H. Young

(Physician or midwife)

Address Pocatello Ida

Filed 4/1 192 2 J.H. Young Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAR 25 1922
BUREAU OF VITAL STATISTICS

.F IDAHO

IC WELFARE

Boise, Idaho, 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pocatello

Place of Birth — Street: .....

Place of Birth — County: Bannock

File Number: 99791

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: March 26 192 2

Father: Horace Leonard Fering (Full Name)

Mother: Fern Allen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Marion Lee Fering
Child's Name in Full

Fern Fering
Signature of Father or Mother

Edw.

AUG 7 1967

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

291-227-003-415

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 99792

County of Bannock 1922

City of Pocatello

No. ..... St. Registration District No. 26 File No. 77

Hospital Pocatello Gen'l Primary Registration District No. 261 Registered No. 4994

FULL NAME OF CHILD ~~Baby Boy~~ Elizabeth Brainard
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
X		Yes	3/27/1922

What bactericidal solution was used in eyes? 1% Ag NO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Lawrence Woodruff Brainard	FULL MAIDEN NAME Madalene Manning
RESIDENCE Pocatello Idaho	RESIDENCE Same
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Jamison Iowa	BIRTHPLACE Coon Rapids, Iowa
OCCUPATION Salesman Ida Power Co.	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Gay
(Physician ~~or midwife~~)

Address Pocatello Ida

Filed 4/1 1922 J. H. Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 2 1959
OCT 2 4 1974

814-129-007-266

PLACE OF BIRTH

RECEIVED APR 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99793

County of Bannock
City of Pocatello
No. 655 E. Halliday
Hospital General

Registration District No. 28
Primary Registration District No. 2161
File No. 77
Registered No. 4295

FULL NAME OF CHILD George M. Hammond Jr
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	8 / 29 / 1922

What bactericidal solution was used in eyes? Argyrol 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Geo M Hammond	FULL MAIDEN NAME	Elizabeth Bowerman
RESIDENCE	Pocatello Idaho	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Michigan
OCCUPATION	Lumber Dealer	OCCUPATION	Asst

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 50 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Young
(Physician or midwife)
Address Pocatello Ida

Filed 9/1 1922 J. H. Young Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-229-003-145

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99794

County of Bannock

City of Pocatello Ida

Registration District No. 28

File No. 77

No. 639 No Main St.

Primary Registration District No. 2161

Registered No. 4296

Hospital

FULL NAME OF CHILD Delesine Whiting

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Mar 29 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Emmelaema Whiting	FULL MAIDEN NAME	Marcema Ames
RESIDENCE	Crystal Ida.	RESIDENCE	Crystal Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Housewife Ida
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8.40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lyons

Phy. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 440 W. Hayden

Filed 4/1 1922 J. R. Young Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

961-131-003-367

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bannock

City of Pocatello

No. ..... St.

Hospital Pocatello Gen.

CERTIFICATE OF BIRTH 99795

Registration District No. 28 File No. 77

Primary Registration District No. 2161 Registered No. 4297

FULL NAME OF CHILD Infant Roan (Premature) Died later
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Yes		1	Yes	Mar 31 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Thomas B Roan	FULL MAIDEN NAME	Minella Logan
RESIDENCE	310 S. Arthur	RESIDENCE	310 South Arthur
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Alabama	BIRTHPLACE	Illinois
OCCUPATION	Detective	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3.05 p.m. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carl W Clark MD
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello

Filed 4/1 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

961-131-003-367

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 99796

County of Bannock
City of Pocatello
No. ..... St.
Hospital Pocatello Gen

Registration District No. 28 File No. 77
Primary Registration District No. 2161 Registered No. 4298

FULL NAME OF CHILD Infant Roan (Premature) Dub Coles
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	Yes		(2)	Yes	Mar 31 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Thomas B Roan	FULL MAIDEN NAME	Mnella Logan
RESIDENCE	310 S Arthur	RESIDENCE	310 South Arthur
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Alabama	BIRTHPLACE	Illinois
OCCUPATION	Detective	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3:20 P.M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carl W Clark
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Pocatello - Ida

Filed 4/1 1922 J H Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

992-131-003-231

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99798

County of Bannock

City of Pocatello

No 318 N. 4th St.

Registration District No. 28 File No. 27

Primary Registration District No. 241 Registered No. 4300

Hospital

FULL NAME OF CHILD Jean Ribidal

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Mar. 31 1922

FATHER	MOTHER
FULL NAME August Ribidal	FULL MAIDEN NAME Agate Blanchard
RESIDENCE Pocatello Idaho	RESIDENCE Pocatello Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 43 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE France	BIRTHPLACE France
OCCUPATION Rooming House Keeper	OCCUPATION Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4:30 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) W. N. Maddux

(Physician or midwife)

Address 313 Carlson Bldg Pocatello

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

Filed 19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

712209
004-249

PLACE O[redacted]

[redacted] 21 1922

[redacted] VITAL

County of Bea[redacted]

Form V. S. No. 11—25m-9-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99799

City of Sharon

Registration District No. 53

File No. 75

No. _____ St.

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD Leda Mary Passey.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Mar 9 1922

FATHER		MOTHER	
FULL NAME	Newell Beck Passey	FULL MAIDEN NAME	Mary Olive Smith
RESIDENCE	Lanark Idaho	RESIDENCE	Lanark Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	19	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 15 P M. on the date above stated.

(Signature) C. O. Moore M.D.

(Physician or midwife)

Address Paris Idaho

Filed 3-27 1922 Mrs. J. S. Skinner
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19__

_____
Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 18 1957

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253 [redacted]

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99800

County

City of Lanark

Registration District No. 53

File No. 76

No. _____ St.

Primary Registration District No. _____

Registered No. _____

Hospital _____

FULL NAME OF CHILD Hope Beck

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Mar (Month) 10 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Joseph F. Beck	FULL MAIDEN NAME	Ethel R. Porter
RESIDENCE	Lanark Idaho	RESIDENCE	Lanark Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C O Moore M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed 3 27 1922 Mrs J S Skinner Registrar

S-Y-CO. 38071

31-3-4 .108-11

006

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 99800

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Beck (Name on Original Certificate) who born (Was Born or Died) on 3-10-1922 (Date of Event)

in Lanark (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Cert. of Baptism (Bible Record, Insurance Policy, Etc.) prepared on June 28, 1930 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
	Cert. of Blessing March 10, 1922 Also, #439659	viewed by v.s.
Child's Name	Unnamed	Hope Beck

Subscribed and sworn to before me this 9 day of November, 1957

Irene W. Kirkwright
Notary Public, residing at 1361 Lake Ogden Utah
My commission expires .....
(Seal)

Signed Joseph F. Beck
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of November, 1957

Irene W. Kirkwright
Notary Public, residing at 1361 Lake Ogden Utah
My commission expires .....
(Seal)

Signed Ethel P. Beck
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DPH 55.155

NN 10-25-57 nm

DEC 5 1957

962-206-004-884

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99801

County of Bear Lake
City of Lanark
No. ..... St.
Registration District No. 63 File No. 74
Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Mary Oletha Roberts
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	3-6-1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	David Roberts	FULL MAIDEN NAME	Lottie Hymas
RESIDENCE	Lanark	RESIDENCE	Lanark
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Liberty	BIRTHPLACE	Liberty
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 35 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sutton
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address .....

Filed 3-27 1922 Mrs J. S. Skinner Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 5 - 1974

[redacted]

386-165-004-612

PLACE OF BIRTH

County of Bear Lake

City of Bloomington

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 99803

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Allen Henry Thomsock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Apr 5 1922

FATHER	MOTHER
FULL NAME Sidney Isaac Thomsock	FULL MAIDEN NAME Maggie Meruitha Oakey
RESIDENCE Bloomington Idaho	RESIDENCE Bloomington Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 ½ a. M. on the date above stated.

(Signature) C. O. Moore M. D.

(Physician or midwife)

Address Paris Idaho

Filed 4-10 1922 [illegible] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WEFARE MAY 8 - 1922

RECEIVED MAY 20 1922 BUREAU OF VITAL STATISTICS

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City ....Bloomington....
- Street ....Idaho....
- County ..Blar Lake....

File Number ....99803....

Registration Dist. No. .....

Date of Birth ....April 5....1922..

Sex of Child.....Male.....

Father Sidney Issac Thornock
Full Name

Mother Maggie Mourinthia Oakey
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

....Allen Henry Thornock....
Child's Name in Full

Maggie Mourinthia Thornock
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

236-1191004-767

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of St Charles

No. ..... St.

Registration District No. ..... File No. 99804

Hospital ..... Primary Registration District No. 55 Registered No. .....

FULL NAME OF CHILD Lloyd Lamont Scofield
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	3-19-1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Lamont Scofield	FULL MAIDEN NAME	Fontella Pope
RESIDENCE	St Charles	RESIDENCE	St Charles
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Fish Haven	BIRTHPLACE	Garden City
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sutton
M.W.
(Physician or midwife)

Address Paris Id.

Filed April 11 1922 [illegible]
Registrar.

Give names added from a supplemental report.

Ett ....., 192....

John Mattron
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH
ED FOR EACH CHILD AND THE SA[illegible] WITH TH

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importe to have the full name included ihr the record. Kindly fill in the information requested in the blank below return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

---

ce { City St Charles
: Street
h { County Bear Lake

File Number 99804

Registration Dist. No. 2

Date of Birth March 19 192.2.

of Child Male

ner Lamont Earnest Scofield Mother Fontella Pope
Full Name Full Maiden Name

EREBY CERTIFY that the child described herein has been named:

Lloyd Lamont Scofield
Child's Name in Full

Mrs. L. E. Scofield
Signature of Father or Mother

Birth registration is part of every child's bir

It establishes legally the date of the child's
and legitimacy.

It enables the Public Health Nurse to make su
been protected from danger of blindness and other infe

- - - - IT SHOWS AT LATER PERIODS OF LIFE: -

1. The correct age for purposes of school atte
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit prope
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Servi

pelled to furnish certified copies of certificates of b
portant that the certificates be filed with the BUREAU
TICS and the same completed by furnishing the name of t

PLEASE ASSIST BY FURNISHING THE NAME OF YOU

296-102-004-863

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52

File No. 99809

No. ..... St.

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	1 2 1922

FATHER		MOTHER	
FULL NAME	Fring Brown	FULL MAIDEN NAME	May Holmes
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Liberty	BIRTHPLACE	Montpelier
OCCUPATION	Farmer	OCCUPATION	None

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Liberty

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Montpelier Idaho

Filed 4-19 1922 H H King

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1942

217-205-004-444

PLACE OF BIRTH

RECEIVED APR 24 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99810

County of Bear Lake

City of Raymond

No. ..... St.

Registration District No. 52

File No. .....

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Ruby M. Saxton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Gen		Yes	1 5 1922

What bactericidal solution was used in eyes? 1/10 Arg.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Eugene Eugene Saxton	FULL MAIDEN NAME	Eleanor Mumford
RESIDENCE	Raymond	RESIDENCE	Raymond
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Montpelier
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F. Gibley
Physician
(Physician or midwife)

Address Montpelier Ida

Filed 4-19-1922 H H Kerr
Registrar.

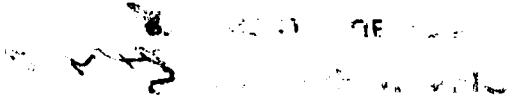
Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



BUREAU OF VITAL STATISTICS

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Raymond

Street: .....

County: Bear Lake

File Number: 99810

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Jan. 5 192.2.

Father: Eugene E. Kapton (Full Name)

Mother: Eleanor Jane Mumford (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ruby M. Kapton (Child's Name in Full)

Mrs. E. Leanor Kapton (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

248-219-004-245

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 24 1922
BUREAU OF V...
STATISTICS

County of B L Co

City of Bear

CERTIFICATE OF BIRTH

99811

No. ..... St. Registration District No. 52 File No. .....

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Virginia Buhler
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Jan (Day) 19 (Year) 1922
Gen		Yes	

What bactericidal solution was used in eyes? 50%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Jesse Buhler	FULL MAIDEN NAME	Iris Kerry
RESIDENCE	Bear	RESIDENCE	Bear
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Bear	BIRTHPLACE	Bear
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Cully
Physician
(Physician or midwife)

Address Montpelier Idaho

Filed 4-19 192 H H King
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL RE
FOR EACH CH

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
City: Bern
Street:
County: Bear Lake

File Number: ~~99801~~ 99811

Registration Dist. No.:

Date of Birth: January 17 1922

Sex of Child: Female

Father: Jesse Joseph Buhler
Full Name

Mother: Iris Grace King
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Virginia Buhler
Child's Name in Full

Iris Buhler
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

719.122.004-434

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9981

RECEIVED APR 24 1922 BUREAU OF VITAL STATISTICS

County of Bear Lake
City of Montpelier
No. ..... St. ..... Registration District No. 52 File No. .....
Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	1 22 19

What bactericidal solution was used in eyes? 0 %

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	P G Nash	FULL MAIDEN NAME	Jennie McDaniel
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Labor	OCCUPATION	None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 P. M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lyle Cubley
Physician
(Physician or midwife)
Address Montpelier Idaho
Filed 4-19 1922 N A Henry
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215-122-004-845 name added 3-27-84 dl

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 24 1922 BUREAU OF VITAL STATISTICS

County of Bear Lake

City of Montpelier

CERTIFICATE OF BIRTH

998

No. ..... St. Registration District No. 52 File No. .....

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Ernest Edwin Banks
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Y
Boy		Yes	5 22 19

What bactericidal solution was used in eyes? 5% Ark

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	R E Banks	FULL MAIDEN NAME	Josephine Hunter
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Montpelier	BIRTHPLACE	Bennington
OCCUPATION	Labor	OCCUPATION	Mrs

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 9 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest Ashley
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address Montpelier Idaho

Filed 4-19 1922 H H King
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-16-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 23 9 15 AM '84

State of _____ } ss.
County of _____

Certificate No. 99813
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Banks (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan 22, 1922 (Date of Event)

in Montpelier (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Ernest Edwin Banks

Subscribed and sworn to before me this 9th day of March, 1984.

Notary Public, [signature]
Residing at Ogden, Ut.
My commission expires 4-27-85
(Seal)

x Ernest E Banks
Signature of Applicant

x 1019 Kaiser Blvd Ogden
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of March, 1984.

Notary Public, [signature]
Residing at Orem Ut.
My commission expires 4-24-84
(Seal)

Nedra Banks McGee
Supporting Signature

965 E. 200 No. Provo, Ut.
Street Address, City, State
84601

rec credit

Honorable Discharge from U.S. Army lists Ernest E Banks was discharged April 14, 1946. Viewed by V.S.

Certificate of Baptism from LDS Church gives Ernest Edwin Banks son of Robert E Banks and Josephine Hunter born Jan 22, 1922 at Montpelier was baptised Sept 11, 1933. Viewed by V.S.

MAR 22 19

219-125-004-445

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99814

County of Bear Lake

City of Montpelier

No. ..... St. ..... Registration District No. 52 ..... File No. .....

Hospital ..... Primary Registration District No. 2136 ..... Registered No. .....

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	1 25 1922

What bactericidal solution was used in eyes? 1% Any

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Earnest Barkdale	FULL MAIDEN NAME	Edna Simm
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Gen Tacon	BIRTHPLACE	Gen Tacon
OCCUPATION	Labor	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 119 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Montpelier Idaho

Filed 4-19 1922 H H King
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

417-108-006254

PLACE OF BIRTH

RECEIVED APR 24 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99815

County of Bear Lake

City of Montpelier

No. ..... St. Registration District No. 52 File No. .....

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Clifford Dean Maxwell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	Yes			Yes	2-8-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Oxy

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Geo R Maxwell	FULL MAIDEN NAME	Bessie Bedell
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Ary	BIRTHPLACE	Montpelier
OCCUPATION	Labor	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Lichley

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Montpelier Ida

Filed 4-14 1922 H H King
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Montpelier, Idaho. Street: ..... County: Bear Lake

File Number 99815

Registration Dist. No. .....

Date of Birth February 9 .....192.2.

Sex of Child ..... Male

Father George Robert Maxwell (Full Name) Mother Bessie Fay Bedell (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Clifford Glean Maxwell
Child's Name in Full

Bessie Fay Bedell Maxwell
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

-417-108-004-254

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 24 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St. Registration District No. 52 File No. 99816

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Clayton Dale Maxwell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	✓			Yes	2-8-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 5% Ung

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Geo R Maxwell	FULL MAIDEN NAME	Jesse Bedell
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Montpelier
OCCUPATION	Labor	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 11 30 P. M. on the date above stated.
(Born ~~alive~~ or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley
Physician
(Physician ~~or midwife~~)

Address Montpelier Ida

Filed 4-19 1922 H H King
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOTICE Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Montpelier Idaho

Street: .....

County: Bear Lake

File Number: 99816

Registration Dist. No. .....

Date of Birth: February 8 1921.

Sex of Child: Male

Father: George Robert Maxwell (Full Name) Mother: Bessie Fay Bedell (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Clayton Dale Maxwell
Child's Name in Full

Bessie Fay Bedell Maxwell.
Signature of Father or Mother

235-209-004-995

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99817

County of B L C

City of Maugelle

No. ..... St.

Registration District No. 52

File No. .....

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Thelma Eleanor Stephens
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Gnd		Yes	2 9 1922

What bactericidal solution was used in eyes? 5 Cry

Number of child of this mother, including present birth 3 ... Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	B. E. Stephens	FULL MAIDEN NAME	Vivian Irving
RESIDENCE	Maugelle	RESIDENCE	Maugelle
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Maugelle	BIRTHPLACE	Maugelle
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 19 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F. Ashley
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Montpelier Ida

Filed 4-19 1922 H H Kerry
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, MAY 8 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Montpelier; Street: ; County: Bear Lake

File Number: 99817

Registration Dist. No.:

Date of Birth: Feb 9 1922

Sex of Child: FEMALE

Father: Bert Eaton Stephens (Full Name)

Mother: Vivian Irving (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Thelma Eleanor Stephens
Child's Name in Full

Mrs Bert E. Stephens
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

418-210-004-356

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED APR 24 1922 BUREAU OF VITAL STATISTICS

County of Bear Lake

City of Montpelier

No. ..... St. Registration District No. 52 File No. 99818

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Nellie Dayton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Gne		Yes	2 10 1922

What bactericidal solution was used in eyes? 5%

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Geo F Dayton	FULL MAIDEN NAME	Lillian Lewis
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Sample	BIRTHPLACE	Paris
OCCUPATION	Bakery	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 39 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley
Physician
(Physician or midwife)

Address Montpelier Idaho

Filed 4-19 1922 H H King
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Montpelier

Street:

County: Bear Lake

File Number: 99818

Registration Dist. No.:

Date of Birth: Feb 16th 192[illegible]

Sex of Child: Female

Father: George Francis Dayton (Full Name)

Mother: Lillian Gertrude Lewis (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Nellie Dayton

Child's Name in Full

Geo F Dayton

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

249-213-004-319

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of B L C

City of Bennington

No. ..... St.

Registration District No. 52

File No. 99819

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Ethel Marcella Burbank
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	2-13-192 2

What bactericidal solution was used in eyes? 5%

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Chester Burbank	FULL MAIDEN NAME	M. E. Jensen AKA Hanna Larsen
RESIDENCE	Bennington	RESIDENCE	Bennington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Bennington	BIRTHPLACE	Montpelier
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F. Lilly
Physician
(Physician or midwife)

Address Montpelier Idaho

Filed 4-19 192 H H King
Registrar.

Give names added from a supplemental report.

....., 192....

X .....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 - 1922

Boise, Idaho, ...192...

adam:

he name of your baby was not filled in on the birth certificate sent to this office. It is of vital import- have the full name included in the record. Kindly fill in the information requested in the blank below irn this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

City ....Bennington.....

File Number .....99819.....

Street .....

Registration Dist. No. .....11.....

County ..Bear Lake Co.

Date of Birth ..Feb. 14.....1922..

Child.....Male Female.....

Chester L Burbank.

Full Name

Mother ...Hanna Larsen.....

Full Maiden Name

EBY CERTIFY that the child described herein has been named:

Ethel Marcella Burbank.....

Child's Name in Full

Chester Burbank Hanna Burb

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF B.
E FILED FOR EACH CHILD AND THE SAME COMPLETED WI

- - - - - - - - - - -

Birth registration is part of every child's

It establishes legally the date of the chil
nd legitimacy.

It enables the Public Health Nurse to mak
een protected from danger of blindness and other

- - - - IT SHOWS AT LATER PERIODS OF LI

1. The correct age for purposes of school
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign la
6. Right to vote.
7. Right to receive pensions and inherit pr
8. Furnishes acceptable evidence of genealc
9. Right to get married.
10. Just at this time while many of the Ex-S
elled to furnish certified copies of certificates
ortant that the certificates be filed with the BUR
ICS and the same completed by furnishing the name

PLEASE ASSIST BY FURNISHING THE NAME OF

Dear M

T
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and retu

Place
of
Birth

Sex of

Father

I HER

.....

899-221-004-694

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 24 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of B L C

City of Maulsee

No. ..... St. Registration District No. 52 File No. 99820

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Goldie Hirschi
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Ore		Yes	2-21 1922

What bactericidal solution was used in eyes? 5% Ag

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

	FULL NAME CHRISTIAN FATHER	FULL MAIDEN NAME LEONORA MOTHER
	Christian Hirschi JR.	Mary Widmer
RESIDENCE	Geneva	Geneva
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	20
BIRTHPLACE	Geneva	Geneva
OCCUPATION	Farmer	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 29 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. T. Ashley
Physician
(Physician or midwife)

Address Montpelier, Ida

Filed 4-19 1922 H H King
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV

SEVERAL REASONS W
FILED FOR EACH CH

Cop of 1922 - 101938

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Montpelier

Street:

County: Bear Lake

File Number: 99820

Registration Dist. No.:

Date of Birth: February 21 192 2

Sex of Child: Female

Father: Christian Hirschi Jr. (Full Name)

Mother: May Leonora Widmer (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Goldie Hirschi
Child's Name in Full

May Hirschi
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

245-222-004

PLACE OF BIR[redacted]DAHO

[redacted]BLIC WELFARE

[redacted] STATISTICS

[redacted] OF BIRTH

County of B[redacted]

City of Ben[redacted]

No. [redacted] File No. 99821

Hospital [redacted] Primary Registration District No. 2136 Registered No.

FULL NAME OF CHILD Ferol Vivian Kunz

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fe		Yes	2 22 192 2

What bactericidal solution was used in eyes? 1-0 City

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

	FATHER		MOTHER
FULL NAME	G G Kunz	FULL MAIDEN NAME	V E Pope
RESIDENCE	Bell	RESIDENCE	Bell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Bell	BIRTHPLACE	Garden City
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician

(Physician or midwife)

Give names added from a supplemental report.

Address Montpelier Ida

Filed 4-19 192 2 H H Kunz

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 27 1944

Twin 271-125.004.366

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Dingle

No. ..... St. Registration District No. 52 File No. 99822

Hospital ..... Primary Registration District No. 27 36 Registered No. .....

FULL NAME OF CHILD Elwin Sparks
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	Yes			Yes	2 - 25 - 192 2

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 5% Arg

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Geo H Sparks	FULL MAIDEN NAME	M. E. Cook
RESIDENCE	Dingle	RESIDENCE	Dingle
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Dingle	BIRTHPLACE	Dingle
OCCUPATION	Farmer	OCCUPATION	Mgr.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 119 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Cahly
(Physician or midwife)

Address Montpelier Idaho

Filed 4-19-1922 H H King
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Dingle

Street:

County: Bear Lake

File Number: 99822

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Feb 25 192.2

Father: George Hyrum Sparks (Full Name)

Mother: Myrtle E Cook (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Elwin Sparks

Child's Name in Full

George Sparks

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

271-225-004-366

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED APR 24 1922 BUREAU OF VITAL STATISTICS

County of Bear Lake

City of Dingle

No. ..... St. ..... Registration District No. 52 File No. 99823

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Ellen Sparks
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Gen				Yes	2-25-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 5% Arg

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Geo H Sparks	FULL MAIDEN NAME	M E Cook
RESIDENCE	Dingle	RESIDENCE	Dingle
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Dingle	BIRTHPLACE	Dingle
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 11:20 A.M. on the date above stated.
(~~Born alive~~ or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Ashley
Physician
(Physician ~~or midwife~~)

Address Montpelier Ida

Filed 4-19 1922 H H King
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Dingle

Street: .....

County: Bear Lake

File Number: 99823

Registration Dist. No. .....

Sex of Child: Girl

Date of Birth: Feb 25 192 2

Father: George Hyrum Spark (Full Name)

Mother: Myrtle E. Cook (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ellen Sparks

Child's Name in Full

George Sparks

Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

433-22-61004-313

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Georgetown

No. ..... St.

Registration District No. 52

File No. 99824

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD Clara M. Cammon

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)			yes	Feb. 26 1922

FATHER

FULL NAME: William McCammon

RESIDENCE: Georgetown, Idaho

COLOR: white

AGE AT LAST BIRTHDAY: 53 (Years)

BIRTHPLACE: Pennsylvania

OCCUPATION: Common Laborer

MOTHER

FULL MAIDEN NAME: Tabitha Latham

RESIDENCE: Georgetown, Idaho

COLOR: [illegible]

AGE AT LAST BIRTHDAY: 42 (Years)

BIRTHPLACE: Bennington, Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth 10th Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:14 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Emma W. Clark

Midwife (Physician or midwife)

Address Georgetown Idaho

Filed 4-19 19 22 [illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

VSD
JUN 1922

MAY 8 - 1922

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Georgetown

Place of Birth — Street: .....

Place of Birth — County: Bear Lake

File Number: 99824

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Feb. 26 1922.

Father: William McCammon (Full Name)

Mother: Tabitha Latham (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Clara McCammon
Child's Name in Full

Tabitha McCammon
Signature of Father or Mother

JUN 2 9 1971
AUG 3 1971

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

767-227-004-619

RECEIVED APR 24 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52 File No. 99825

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Baby Pope~~ Francis Sarah Pope

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	Feb 27 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Richard Pope	FULL MAIDEN NAME	Bessie Gertrude Farner
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Randolph Utah	BIRTHPLACE	Garden City Utah
OCCUPATION	Railroad Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. S. Needles

M D
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Montpelier Ida.

Filed 4-19 1922 H H King
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 - 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Montpelier

Street: .....

County: Bear Lake

File Number: 99825

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Feb. 27 1922.

Father: William Richard Pope (Full Name)

Mother: Bessie Gertrude Parmer (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Francis Sarah Pope
Child's Name in Full

Bessie Gertrude Pope Mother
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

June 21, 1922.

Dr. Geo. F. Ashley,

Montpelier, Idaho.

Dear Doctor:

Re: 99826- Birth certificate.

On May 19th we sent you a birth certificate because we were unable to make out the name. This has not been returned yet and as this certificate has been numbered we will greatly appreciate it if you will kindly fix up this certificate and return to us.

We enclosed stamped self-addressed envelope in our former letter. May we ask your immediate attention to this matter?

Respectfully yours,

F. W. Almond, M. D.
Medical Advisor.

June 29, 1922.

Dr. Geo. F. Ashley,

Montpelier, Idaho.

Dear Doctor:

We have as yet had no reply from you in reference to the certificate of Birth #99826 which we sent you on May 19th and about which we wrote you again on June 21st. Will you kindly fix up this certificate and return to us in order to complete our files?

Respectfully yours,

F. W. Almond, M. D.
Medical Advisor.

699-128'004-275

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bennington

No. ..... St. ..... Registration District No. 52 ..... File No. 99827

Hospital ..... Primary Registration District No. 2136 ..... Registered No. .....

RECEIVED APR 24 19 BUREAU OF STATISTICS

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	2-28 1922

What bactericidal solution was used in eyes? 5%

Number of child of this mother, including present birth 3 ... Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Oliver Wright	FULL MAIDEN NAME	Lilly Spears
RESIDENCE	Bennington	RESIDENCE	Bennington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Bennington	BIRTHPLACE	Bennington
OCCUPATION	Farmer	OCCUPATION	wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4.9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Ashley
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Montpelier Ida

Filed 4-19 1922 H H King
Registrar.

N. B.—...ADING INK—THIS IS A PERMANENT RECORD ...e than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-102-004-542

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 24 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Sharon

Registration District No. 52 File No. 99828

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD Nao Lyon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	March 2 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jno W Lyon	FULL MAIDEN NAME	Nellie Neibaur
RESIDENCE	Sharon	RESIDENCE	Sharon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Hyde Park Utah	BIRTHPLACE	Paris Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at March 2 5:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. S. Needles M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Montpelier Idaho

Filed 4-19 1922 H H King
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUL 5 1922
BUREAU OF VITAL
STATISTICS

STATI 'DAHO
DEPARTMENT O LFARE

Bois AY 8 - 1922 .....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City Sharon
Street
County Bear Lake Co

File Number 99828

Registration Dist. No. 24

Sex of Child Male

Date of Birth March 2nd 1922

Father John Wm Lyon
Full Name

Mother Ellen Elizabeth Neibaur
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Max Lyon
Child's Name in Full

John William Lyon
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

386-117.004-269

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 24 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99829

County of Bear Lake

City of Montpelier

No. ..... St.

Registration District No. 52 File No. .....

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Chester A. Thompson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	Mch 17 1922

What bactericidal solution was used in eyes? 5% Sol. Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Albert Thompson	FULL MAIDEN NAME	Elfie Sorg
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Lander, Wyoom.	BIRTHPLACE	Alvord Iowa
OCCUPATION	R.R. Employee	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Montpelier Ida

Filed 4-19 1922 H H Kerr
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

895-[illegible]

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

RECEIVED
APR 24 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 99830

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Neil M. Hinckley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	Mch 8 1922

What bactericidal solution was used in eyes? 5 % Argyrol 3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Elmer E. Hinckley	FULL MAIDEN NAME	Edith J. Mackinnon
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Salt Lake City	BIRTHPLACE	England
OCCUPATION	Physician	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Hinckley
Physician
(Physician or midwife)

Give names added from a supplemental report.

Address Montpelier Ida

..... , 19....

Filed 4-19-1922 H H King
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 28 1942

NOV 29 19[illegible]

MAR 13 19[illegible]

613-118-004294

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52 File No. 99831

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	3 / 4-8 / 1922

FATHER		MOTHER	
FULL NAME	James A. Walton	FULL MAIDEN NAME	Ella Bruce
RESIDENCE	Montpelier	RESIDENCE	Montpelier Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Afton Wyo	BIRTHPLACE	Smoot Wyo
OCCUPATION	Stage Driver	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 40 P M. on the date above stated.

(Signature) A. S. Needles M D

(Physician or ~~midwife~~)

Address Montpelier Ida

Filed 4-19 1922

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-221-004-759

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 24 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Registration District No. 52

File No. 99832

Hospital .....

Primary Registration District No. 2136

Registered No. .....

FULL NAME OF CHILD Helen Mani
(Certificate of no value without full name of child.)

Sex of Child Girl

Twin / Triplet / or other? and Number in order of birth
(To be answered only in event of plural births)

Legitimate? Yes

Date of birth Mch. 21, 1922
(Month) (Day) (Year)

What bactericidal solution was used in eyes? 5 % Argyrol

Number of child of this mother, including present birth 2

Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Mani	FULL MAIDEN NAME	Bertha Gertschi
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Farming	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer E. Huckley
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Montpelier Ida

Filed 4-19 1922 N H Reed
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

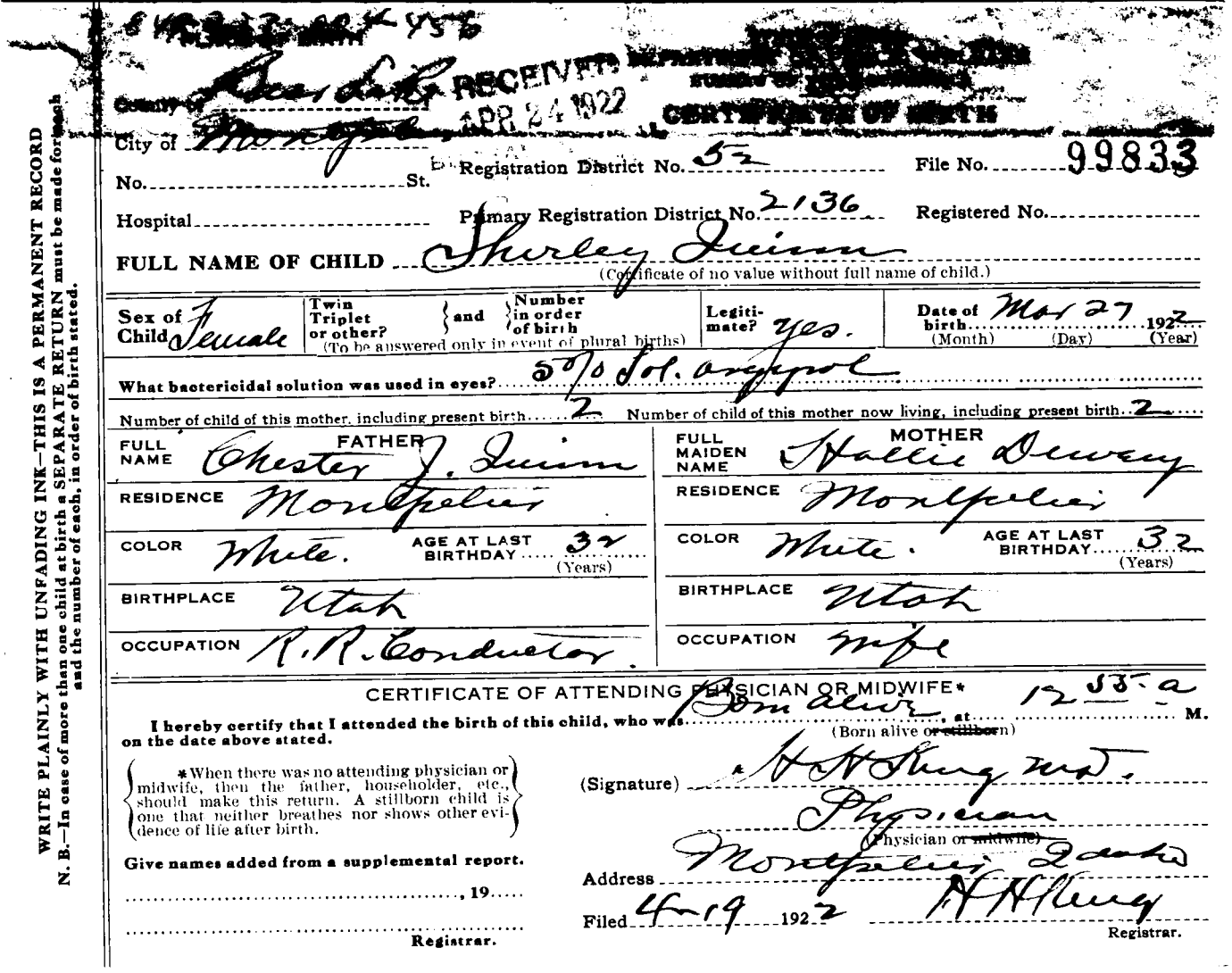
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of [illegible] in order of birth stated.

MAR 8 1949

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Bear Lake



RECEIVED APR 24 1922

CERTIFICATE OF BIRTH

City of Montpelier

No. ..... St. Registration District No. 52 File No. 99833

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Shirley Quinn

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes.	Mar 27 1922

What bactericidal solution was used in eyes? 5% Sol. argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Chester J. Quinn	FULL MAIDEN NAME	Hallie Dewey
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	R. R. Conductor	OCCUPATION	wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12 55 a M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King M.D.

Physician

(Physician or ~~midwife~~)

Give names added from a supplemental report.

....., 19....

.....

Registrar.

Address Montpelier Idaho

Filed 4-19 1922 H H King

Registrar.

RECEIVED
JUN 7 1960

141-230-004-433

PLACE OF BIRTH

RECEIVED
APR 24 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99834

County of Bear Lake
City of Pegram
No. ____ St.
Registration District No. 52
File No. ____
Hospital ____
Primary Registration District No. 2136
Registered No. ____

FULL NAME OF CHILD Polly Anna Adamson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	March 30 1922

What bacterieidal solution was used in eyes? 5 % Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Earl Adamson	FULL MAIDEN NAME	Viola McClelland
RESIDENCE	Pegram	RESIDENCE	Pegram
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornalive, at 11 P. M. (Born alive or stillborn) on the date above stated.

(Signature) Elmer E. Hinckley
Physician
(Physician or midwife)
Address Montpelier Ida.

Filed 4-19 1922 N. H. Berg
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

452-230-004-245

PLACE OF BIRTH

RECEIVED APR 24 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of RLC

City of Montpelier

No. ..... St.

Registration District No. 52 File No. 99835

Hospital ..... Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Mary Eldeva Messerly
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Gre		Yes	Jan 30 1922

What bactericidal solution was used in eyes? 1%

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Robt Messerly	FULL MAIDEN NAME	Elina Kuny
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Denmark	BIRTHPLACE	Montpelier
OCCUPATION	Farmer	OCCUPATION	[illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo F Cubley
Physician
(Physician ~~or midwife~~)

Address Montpelier Idaho

Filed 4-19 1922 N H Kuny
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Montpelier

Street:

County: Bear Lake

File Number: 99835

Registration Dist. No.:

Date of Birth: January 30th 1922

Sex of Child: Female

Father: Robert Weaverly (Full Name)

Mother: Eliza Kunz (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mary Eldean Weaverly (Child's Name in Full)

Robert Weaverly (Signature of Father or Mother)

JAN 17 1944

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

PLA[redacted]
235-[redacted]469

County of [redacted]ah

City of St Maries

No. ..... St.

Hospital ..... Primary Registration District No. 2049

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 99836

Registered No. 29

FULL NAME OF CHILD Perry Steele Steele
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
m	—		2	yes	4 26 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Protargal sol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Perry Steele	FULL MAIDEN NAME	Mary Morash
RESIDENCE	Corbin Ky	RESIDENCE	St Maries Ida
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Kentucky	BIRTHPLACE	Russia
OCCUPATION	Contractor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 1.30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. D. Pleet

Phy
(Physician or midwife)

Address St Maries

Filed May 3 1922 H E Hunt
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made and the number of each, in order of birth stated.

MAR 6 1974

635-240-005-432

PLACE OF BIRTH

RECEIVED
MAY 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99837

County of Benewah

City of St Maries

No. ..... St.

Registration District No. 32

File No. .....

Hospital .....

Primary Registration District No. 2049

Registered No. 28

FULL NAME OF CHILD Cora Ann Fleming
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—		3	yes	4-10-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Prolargal sol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Perry Fleming	FULL MAIDEN NAME	Olive McKenney
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	Cw	COLOR	Cw
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Wa Va	BIRTHPLACE	Mich
OCCUPATION	Lumberman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:45 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O D Platt

Phy
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address St Maries

Filed May 3 1922

H E Hunt
Registrar

APR 30 1942

281-208-005-219

PLACE OF BIRTH

RECEIVED
MAY 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St Maries

No. ..... St.

Registration District No. 32

File No. 99838

Hospital ..... Primary Registration District No. 2049

Registered No. 27

FULL NAME OF CHILD Virginia Shay

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—		2	Yes	4-8-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Prolargol Sol

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Joseph Shay	FULL MAIDEN NAME	Lenore Sargent
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Wa Va	BIRTHPLACE	Wash
OCCUPATION	Saw mill	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 7 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. D. Platt

Phy

(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address St Maries

Filed May 3 1922 H E Hunt

Registrar.

MAY 7 1943

135 217.005-243

PLACE OF BIRTH

RECEIVED
MAY 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St. Maries

No. 11th College St.

Hospital St. Maries

Registration District No. 32

Primary Registration District No. 2049

File No. 99839

Registered No. 26

FULL NAME OF CHILD Gladys Marie Alexander.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	4-17-1922

What bactericidal solution was used in eyes? Argyrol 10 o/o Sol.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Howard Jno Alexander	FULL MAIDEN NAME	Leta Ellen Buller
RESIDENCE	Fernwood, Ida	RESIDENCE	Fernwood.
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Washington.	BIRTHPLACE	Washington
OCCUPATION	Rancher.	OCCUPATION	Houserrife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 05 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C A Robins

Physician
(Physician or midwife)

Address St. Maries Ida

Filed May 3 1922 H E Kunst
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-105-005-955

PLACE OF BIRTH

RECEIVED MAY 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99840

County of Benewah

City of St. Maries

No. 11th + College St.

Hospital St. Maries

Registration District No. 32

Primary Registration District No. 2049

File No.

Registered No. 25

FULL NAME OF CHILD Donald Patrick Walker.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	4-5-1922

What bactericidal solution was used in eyes? Argyrol - 10% Solution.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Patrick Henry Walker	FULL MAIDEN NAME	Vella Mae Renfro.
RESIDENCE	Santa, Ida.	RESIDENCE	Santa, Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Brainard Minn.	BIRTHPLACE	Santa, Ida.
OCCUPATION	Business man. Mechanic	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 20 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Robins
Physician
(Physician or midwife)

Address St. Maries Ida

Filed May 3 1922 H E Hunt
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 14 19[illegible]

259-291-205-259

PLACE OF BIRTH

RECEIVED MAY 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St. Maries

No. Petersons Addn Registration District No. 32 File No. 99841

Hospital Primary Registration District No. 2049 Registered No. 24

FULL NAME OF CHILD Nellie Maria Bergman
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Apr 1 1922

What bactericidal solution was used in eyes? Argyrol 10 %

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Ellis Bergman	Ellen Maria Berglund
RESIDENCE	St. Maries, Ida	St. Maries, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	31
BIRTHPLACE	Sweden	Sweden
OCCUPATION	R.R. Car Repairer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C A Robins
Physician
(Physician or midwife)

Address St. Maries Idaho

Filed May 3 1922 H E Hunt
Registrar.

.....a—THIS IS A PERMANENT RECORD
.....at birth a SEPARATE RETURN must be made for each
.....he number of each, in order of birth stated.

.....re names added from a supplemental report.

....., 192.....

.....
Registrar.

SEP 17 [redacted]

214-101-005-236

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Emeda

No. _____ St.

Hospital ——

Registration District No. 32

File No. 99842

Primary Registration District No. 2049

Registered No. 23

FULL NAME OF CHILD Infant Badgett Vernon Lester

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes.	April 1 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Ralph Badgett	FULL MAIDEN NAME	Minnie Scott
RESIDENCE	Emeda	RESIDENCE	Emeda
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ore.	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred Bartean M. D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Dr. Smet. Ida.

Filed April 24 1922 H E Hunt

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City ..... Street ..... County ....country.....

File Number ....99842....

Registration Dist. No. .....

Sex of Child ....Male....

Date of Birth ....April 1.... 1922.

Father ....Ralph Lester Badgett.... Full Name

Mother ....Minnie Ester Scott.... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

....Vernon Lester Badgett.... Child's Name in Full

....Ralph L. Badgett.... Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

957-30:005-369

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99843

County of Benewa

City of St. Maries

No. ..... St.

Registration District No. 32 File No. .....

Hospital ..... Primary Registration District No. 2049 Registered No. 22

FULL NAME OF CHILD Harold, Edward Regan

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
m	—	5	yes	3 30 1927

What bactericidal solution was used in eyes? Protargol 5%

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Louis E Regan	FULL MAIDEN NAME	Martha L. Sorensen
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	ca	COLOR	ca
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	No. Dakota	BIRTHPLACE	Kansas
OCCUPATION	Housewife	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4:30 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. D. Platt

Physician

(Physician or midwife)

Address St. Maries Ida

Filed Apr 10 1927 H Eckhart

Registrar.

Give names added from a supplemental report.

....., 192.....

.....

Registrar.

APR 14 1942

APR 1 1943

OCT 20 1945

919-123-005-766

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St. Maries

No. ..... St.

Registration District No. 32

File No. 99844

Hospital .....

Primary Registration District No. 2049

Registered No. 21

FULL NAME OF CHILD George E. Darby Junior

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
M	—		4	yes	3	23	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Protargol Sol

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	George E Darby	FULL MAIDEN NAME	Lottie Gooler
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Canadey	BIRTHPLACE	Minn.
OCCUPATION	Teamster.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O D Platt

Physician

(Physician or midwife)

Address St. Maries Ida

Filed Apr 10 1922 H E Hunt

Registrar.

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Benewah } ss.

Certificate No. 99844

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for George Junior Darby (Name on Original Certificate) who was born (Was Born or Died) on March 23, 1922 (Date of Event)
in St. Maries, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	George	George Junior Darby

Subscribed and sworn to before me this 27th
day of May, 1942
Fred Elwell Probate Judge
Notary Public, residing at St Maries Idaho
My commission expires
(Seal)

Signed Mrs Gottie Julia Darby
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Box 122. St Maries Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Benewah } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of May, 1942
Fred Elwell Probate Judge
~~Notary Public~~, residing at St Maries Ida.
~~My commission expires~~
(Seal)

Signed Marion Brenneke
(Signature of Any Credible Person Other Than Previous Year)
St. Maries, Idaho
(Street Address, City, State)

JUN 2 1942

JUN 4

APR 1987

412-111-005-962

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99845

County of Benewah

City of St Maries

No. 16" & Washington St.

RECEIVED APR 2 1922 STATISTICAL

Registration District No. 32 File No.

Hospital

Primary Registration District No. 2049 Registered No. 20

FULL NAME OF CHILD Amos Willard Mabbott
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin		3	Yes	Mar 17 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol — 10 %

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Leroy Mabbott	FULL MAIDEN NAME	Bertha Robberson
RESIDENCE	Benewah, Ida	RESIDENCE	Benewah, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	So Dakota	BIRTHPLACE	Eugene, Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 40 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C A Robins
Physician
(Physician or midwife)

Address St Maries, Ida

Filed Apr 1 1922 H E Hunt
Registrar.

Give names added from a supplemental report.

....., 192....

Registrar.

... more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

912-117-005-962

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of St. Maries

No. 16" + Washington Sts

Registration District No. 32 File No. 99846

Hospital

Primary Registration District No. 2049 Registered No. 19

FULL NAME OF CHILD Everett Leroy Mabbott
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin		1	Yes	Mar 17 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol - 10%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Leroy Mabbott	FULL MAIDEN NAME	Bertha Robberson
RESIDENCE	Benewah, Ida	RESIDENCE	Benewah, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	So. Dakota	BIRTHPLACE	Eugene Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 30 A M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Robins
Physician
(Physician ~~or midwife~~)

Address St. Maries, Ida.

Give names added from a supplemental report.

....., 192....

Registrar.

Filed Apr 1 1922 H E Hunt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 26 1941

295-214-005-434

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99847

County of Benewah
City of St. Maries
No. 11th College St.
Hospital St. Maries

Registration District No. 32
Primary Registration District No. 20-7
File No.
Registered No. 18

FULL NAME OF CHILD Frances Anne Brebner
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes.	3 - 14 1922

What bactericidal solution was used in eyes? Argyrol — 10 % Solution

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Jas. McKinley Brebner	FULL MAIDEN NAME	Flora Ann McMillan
RESIDENCE	St. Maries, Ida	RESIDENCE	St. Maries
COLOR	Wt. AGE AT LAST BIRTHDAY 26 (Years)	COLOR	Wt. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Wisconsin
OCCUPATION	Woodsman.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Cornwall
(Physician or ~~midwife~~)

Give names added from a supplemental report.

....., 192....

Registrar.

Address St Maries

Filed [illegible] 1 1922 H E Hunt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 11 1944

469-16-005-849

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Desmet

No. ..... St.

Registration District No. 21

File No. 299848

Hospital .....

Primary Registration District No. .....

Registered No. 14

FULL NAME OF CHILD Joseph Dunstan Morell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	March 16 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Morell	FULL MAIDEN NAME	Angeline Insinamosa
RESIDENCE	Desmet	RESIDENCE	Desmet
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Wash	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) **, at** ..... **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Barbeau

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed ..... 192.. J. Le Bihan Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

191-129-005-276

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Desmet

No. ..... St.

Registration District No. 31

File No. 299849

Hospital .....

Primary Registration District No. .....

Registered No. 12

FULL NAME OF CHILD Thomas James Arapa
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day)
M.		yes	March 29 1

What bactericidal solution was used in eyes? no

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth ...

FATHER		MOTHER	
FULL NAME	Stanislaus Arapa	FULL MAIDEN NAME	Mary Spokane
RESIDENCE	Desmet	RESIDENCE	Desmet
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Idaho	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No physician attended

(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address .....

Filed 3/31 1922 J. L. Bihan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

162.102.005-493

PLACE OF BIRTH

RECEIVED
... 21 1922
... OF VITAL
STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99850

County of Benewah

City of Desmet

No. ..... St.

Registration District No. 31

File No. 2

Hospital Sisters

Primary Registration District No. .....

Registered No. 10

FULL NAME OF CHILD Norbert Francis Joseph
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes	3/2 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Louis Joseph	FULL MAIDEN NAME	Agatha Michell
RESIDENCE	Desmet, Ida	RESIDENCE	Desmet, Ida
COLOR	Indian	COLOR	
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Desmet, Ida	BIRTHPLACE	Desmet, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Barteau

M. D.
(Physician or midwife)

Address Desmet, Ida

Filed 3/8 1922 J. L. Bihan
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-229-205-219

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 21 1922

CERTIFICATE OF BIRTH

99851

County of Benewah

City of Desmet

No. ..... St. Registration District No. 31 File No. 2

Hospital ..... Primary Registration District No. ..... Registered No. 9

FULL NAME OF CHILD Hazel Louisa Michell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
7.		No	Jan 29 1922

What bactericidal solution was used in eyes? no

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Stanislaus Michell	FULL MAIDEN NAME	Louisa Larose
RESIDENCE	Worley, Id.	RESIDENCE	Desmet, Ida
COLOR	Ind	COLOR	Ind
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Idaho	BIRTHPLACE	Co Wash.
OCCUPATION	Common laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No doctor attended

(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address

Filed 3/7 1922 J. L. Bihan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

685-201-
006-719

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99852

County of Bingham
City of Aberdeen
No. ..... St.
Hospital .....

Registration District No. 116 File No. 13
Primary Registration District No. 2195 Registered No. 701

FULL NAME OF CHILD Mary Luella Wheeler
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	700	Mch 1 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? None

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Edgar Andrew Wheeler	FULL MAIDEN NAME	Edith Helena Parrish
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon, M.D.
Physician
(Physician or midwife)

Address Aberdeen Ida

Filed Mch 1 1922 M C MacKinnon
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

HTR
APR 16 1983

219405-006-897

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99853

County of Bingham

City of Pingree

No. ____ St.

Registration District No. 116 File No. 3

Hospital ____ Primary Registration District No. 2195 Registered No. 702

FULL NAME OF CHILD Albert Benjamin Karns

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	March 5 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	John Benjamin Karns	FULL MAIDEN NAME	Jennie Higby
RESIDENCE	Pingree Ida	RESIDENCE	Pingree Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Nebraska	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3.50 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.

Physician

(Physician or midwife)

Address Aberdeen Ida

Filed March 6 1922 M. C. MacKinnon

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266-2 08-006-141

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99854

County of Bingham
City of Sterling
No. ..... St.
Registration District No. 116
File No. 13
Hospital
Primary Registration District No. 2195
Registered No. 703

FULL NAME OF CHILD Ralph Grant Bowman
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	— and —	—	Yes	March 8 1922

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 8

	FATHER	MOTHER
FULL NAME	William James Bowman	Mary Amanda Bowman
RESIDENCE	Sterling Ida	Sterling Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	37
BIRTHPLACE	Iowa	Utah
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:30 A. M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Merkley M. D.
Physician
(Physician or midwife)
Address Aberdeen Ida

Give names added from a supplemental report.

....., 19.....
Registrar.

Filed March 8 1922
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 3 1970

36-110-006-336

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99855

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Registration District No. 116 File No. 13

Primary Registration District No. 2195 Registered No. 704

FULL NAME OF CHILD Robert Evan Coatney
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	yes	Mch 10 192 2

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	James Grover Coatney	FULL MAIDEN NAME	Evan Cloud
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	~~Nebra~~ Kansas	BIRTHPLACE	Kansas
OCCUPATION	Drayman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 30 p M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McKinnon M.D.

Physician
(Physician or midwife)

Address Aberdeen Ida

Filed Mch 10 192 M C McKinnon
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-111-006-395

PLACE OF BIRTH

RECEIVED
APR 21 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 99856

County of Bingham

City of Aberdeen

No. _____ St.

Registration District No. 116 File No. 13

Hospital _____ Primary Registration District No. 285 Registered No. 705

FULL NAME OF CHILD Marvin Edward Wiebe
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural births)	—	Yes	March 11 1922

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Edward C. Wiebe	FULL MAIDEN NAME	Annie Emily Tiahrt
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Kansas	BIRTHPLACE	Nebraska
OCCUPATION	Butcher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, **at** 1 P. M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon, M.D.
Physician
(Physician or midwife)

Address Aberdeen Ida

Filed March 11 1922 M. C. MacKinnon
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/7/41. w.h.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
365-114.006-319

County of Bingham

City of Pingree

No. ..... St.

Hospital Home

RECEIVED APR 31 1922 BUREAU OF VITAL STATISTICS

STATE OF [illegible]
DEPARTMENT OF PUBLIC [illegible]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99857

Registration District No. 116 File No. 13

Primary Registration District No. 2195 Registered No. 706

FULL NAME OF CHILD Douglas Alfonso Loviolette
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	march 14 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Paul Lamolette	FULL MAIDEN NAME	Ida Larson
RESIDENCE	Pingree Bingham Co Ida	RESIDENCE	Pingree Bingham Co Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Rifle Garfield Co Colo.	BIRTHPLACE	Orzy Sweeden.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice W Barlow

Pingree Bingham Co Ida
(~~Physician~~ or midwife)

Address

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed Mch 31 1922 M C Martinson
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Dist. No.

AUG 15 1950

OCT 9 1942

[redacted]

BUREAU OF VITAL STATISTICS

County of Brown APR 21 1922

City of Aberdeen BUREAU OF VITAL STATISTICS

No. 253-418-606-413 St.

CERTIFICATE OF BIRTH 99858

Registration District No. 116 File No. 13

Hospital Primary Registration District No. 2195 Registered No. 207

FULL NAME OF CHILD Ican Merton Becker

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	March 18 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Henry J Becker	FULL MAIDEN NAME	Katharine Henrietta Matthie
RESIDENCE	Aberdeen Idaho	RESIDENCE	Aberdeen Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Minnesota	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	28
		BIRTHPLACE	Kansas
		OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 30 M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... **Registrar.**

(Signature) Wm. C. MacKinnon M.D.

Physician

(Physician or midwife)

Address Aberdeen Ida

Filed March 18 1922 MacKinnon

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTIC

Place of Birth — City: Aberdeen

File Number: 99858

Street:

Registration Dist. No.:

County: Bingham

Sex of Child: Male

Date of Birth: March 19, 19

Father: Henry J. Becker (Full Name)

Mother: Henrietta Cathrine (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ivan Merton Becker
Child's Name in Full

Mrs H. J. Becker
Signature of Father or Mother

S.

...ishes legally the date of the ch... birth, parentage

...bles the Public Health Nurse to make sure the child has
from danger of blindness and other infections at birth.

- - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

correct age for purposes of school attendance.
.oyment.
ection under the law.
.tary and jury duty.
.t to travel unmolested in foreign lands.
.t to vote.
t to receive pensions and inherit property.
ishes acceptable evidence of genealogy.
t to get married.
at this time while many of the Ex-Service men are com-
sh certified copies of certificates of birth, it is im-
e certificates be filed with the BUREAU OF VITAL STATIS-
me completed by furnishing the name of the child.

SE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

317-118-006-386

PLACE OF BIRTH

STATE OF [illegible]
DEPARTMENT OF [illegible]
BUREAU OF V[illegible]

RECEIVED
APR 24 1922
BUREAU OF VITAL STATISTICS

County of Bingham

City of Sterling

No. ..... St.

Hospital .....

FULL NAME OF CHILD Lynne Mack Taggart

CERTIFICATE OF BIRTH

99859

Registration District No. 116

File No. 13

Primary Registration District No. 2195

Registered No. 708

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—		—	yes	Mch 18 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Jasper Taggart	FULL MAIDEN NAME	Cecil June Thompson
RESIDENCE	Sterling Ida	RESIDENCE	Sterling Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McCrea Kinnon, M.D.

Physician

(Physician or midwife)

Address Aberdeen Ida

Filed Mch 18 1922 McCrea Kinnon

Registrar.

Give names added from a supplemental report.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

[illegible] child's

645-230-006-266

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bingham

City of Aberdeen

CERTIFICATE OF BIRTH

99860

No. ..... St.

Registration District No. 116 File No. 13

Hospital .....

Primary Registration District No. 2195 Registered No. 709

FULL NAME OF CHILD Velma Katherine Funk
(Certificate of no value without full name of child.)

Sex of Child female | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Mch 30 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	George Funk	FULL MAIDEN NAME	Katherine Koop
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Kansas	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 40 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McMacKinnon MD
Physician
(Physician or midwife)

Address Aberdeen Ida

Filed Mch 30 1922 McMacKinnon
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Power }

Certificate No. 99860

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Funk (Name on Original Certificate) who was born (Was Born or Died) on March 30 1942 (Date of Event) in Aberdeen, Bingham County, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on March 31 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Funk	Velma Katherine Funk

Subscribed and sworn to before me this 26th day of May, 19 45

Notary Public, residing at American Falls, Ida.

My commission expires Dec. 8, 1945

(Seal)

Signed Geo. Funk
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Power }

[This Affidavit **MUST** Also be Executed. (See Chapter 129, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of May, 19 45

Notary Public, residing at American Falls, Idaho.

My commission expires Dec. 8, 1945

(Seal)

Signed Katherine Funk
(Signature of Any Credible Person)

730 Hutchinson Avenue
(Street Address, City, State)

American Falls, Idaho.

JUN 4 1945

AUG 5 1957

799-104-006-552

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99861

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 121

FULL NAME OF CHILD Priest.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	2 (Month) - 4 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	John Richard Priest	FULL MAIDEN NAME	Cleo Lola Vest
RESIDENCE	Jamestown	RESIDENCE	Jamestown
COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Shelley, Idaho

Filed March 17 1922 Mrs Walter E. Palmer

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

1 2 1955

759-1081006-845

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

RECEIVED APR 21 1922 BUREAU OF VIT STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 99862

Primary Registration District No. 2194 Registered No. 122

FULL NAME OF CHILD Woodruff Ver Perkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	2 (Month) 8 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Anthony Perkins	FULL MAIDEN NAME	Effie Huntsman
RESIDENCE	Goshen	RESIDENCE	Goshen
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Nevada	BIRTHPLACE	Nevada
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley, Ida.

Filed March 17 1922 Mrs Walter E. Perkins

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAY 8 - 1922

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Shelley Idaho

Street: .....

County: .....

File Number: 99862

Registration Dist. No.: .....

Sex of Child: Male

Date of Birth: Feb. 8 192.2.

Father: Anthony Perkins (Full Name)

Mother: Effie Osmar Huntsman (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Woodruff Ver Perkins

Child's Name in Full

Mrs Anthony Perkins

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

219-211-006-275

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
APR 21 19
BUREAU OF STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Shelley.

No. ..... St.

Hospital .....

Registration District No. 121 File No. 99863

Primary Registration District No. 2194 Registered No. 123

FULL NAME OF CHILD Betty Jane Barnett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
F.			yes	2	11	1922

FATHER		MOTHER	
FULL NAME	Willard Ellis Barnett	FULL MAIDEN NAME	Gladys B. Spencer
RESIDENCE	Firth Idaho.	RESIDENCE	Firth
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 12 05 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Address Shelley, Ida.

Filed March 17 1922 Mrs Nalen E. Fabrie
Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAY 2 - 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED MAR 8 1923 BUREAU OF VITAL STATISTICS

Place of Birth — City: Firth

Street: .....

County: Bingham

File Number: 99863

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: February 192.2

Father: Milton Ellis Barnett (Full Name)

Mother: Gladys Spencer (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Betty Jane Barnett

Child's Name in Full

Mrs. Milton Barnett

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

DEC 17 1943

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

619-213-006-434 Amended 12/6/77

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 19..
BUREAU OF VITAL STATISTICS

County of Bingham

CERTIFICATE OF BIRTH

City of Shelley. Registration District No. 121 File No. 99864

No. ..... St.

Primary Registration District No. 2194 Registered No. 124

Hospital .....

FULL NAME OF CHILD Irene Josephine Farrar

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		yes	2 (Month) – 13 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Jas J. Farrar	FULL MAIDEN NAME	Edith McMullen
RESIDENCE	Shelley.	RESIDENCE	Shelley
COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Shelley, Ida.

Filed March 17 1922 Mrs Thalia E. Pitman
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF ILLINOIS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

MAY 8 - 1922

Boise, Idaho, May 12 192 2

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Shelley

Street:

County: Bingham

File Number: 99864

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Feb. 13th 192 2.

Father: James J. Farrar (Full Name)

Mother: Edith Pearl McMillan (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Irene Josephine Farrar
Child's Name in Full

Mrs. Edith Farrar
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 25 10 07 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Adams }

Certificate No. 99864

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Irene Josephine Farrer (Name on Original Certificate) who was born (Was Born or Died) on Feb. 13, 1922 (Date of Event)
in Shelley (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record-Marriage Certificate (Bible Record, Insurance Policy, Etc.) prepared on 10-18-77 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Farrer	Farrar
Father's name	Farrer	Farrar

Subscribed and sworn to before me this 17th day of October, 1977.

Notary Public, residing at Othello, Wash.
My commission expires 11-6-77
(Seal)

Signed Irene J. Adams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1120 E Myrtle Othello, Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Adams }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of October, 1977.

Notary Public, residing at Othello Wash.
My commission expires 11-6-77
(Seal)

Signed Marie L Matthews
(Signature of Any Credible Person)

835 E Oak, Othello, Wash
(Street Address, City, State)

FORM DH 60-155

Correction corresp. 10-13-77 nm

Family Bible record for ~~Jax~~ James Joseph Farrar and Edith Pearl Farrar gives child's name as Irene Josephine Farrar born Feb 13, 1922. viewed by V. S.

Marriage License from Idaho gives names as Harley G. Adams and the bride's name as Irene J. Farrar. dated Aug 14, 1937. viewed by V. S.

DEC 6 1977

491-115-006-253

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bingham

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Shelley.

Registration District No. 121 File No. 99865

No. ..... St.

Primary Registration District No. 2194 Registered No. 125

Hospital .....

FULL NAME OF CHILD Linder B. Dial

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	2 (Month) 15 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	William Hyram Dial	FULL MAIDEN NAME	Della Louise Beckstrand
RESIDENCE	Shelley.	RESIDENCE	Shelley.
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley, Ida.

Registrar

Filed March 17 1922 Mrs Nature C. Fuller
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Shelley

Street: .....

County: Bingham

File Number: 99865

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Feb. 15, 1922

Father: Wm. Adrian Dial (Full Name)

Mother: Della Louisa Brakstad (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Linden B. Dial
Child's Name in Full

Della Dial
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

236-216-006-381

PLACE OF BIRTH

RECEIVED APR 21 1922

Form [illegible]-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Registration District No. 121 File No. 99866

Primary Registration District No. 2194 Registered No. 126

Hospital

FULL NAME OF CHILD GUELDA Gylda Stoddard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
7		yes	2 (Month) 16 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Ray Stoddard	FULL MAIDEN NAME	Alice Chadwick
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 1 80 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Shelley, Ida.

Filed March 17 1922 Mrs Walter E. Palm

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 1942

632-217-006-493

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED 1922

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley.

Registration District No. 121 File No. 99867

No. ..... St.

Primary Registration District No. 2144 Registered No. 127

Hospital .....

FULL NAME OF CHILD Vauna Joy Olsen.

Sex of Child F. | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? yes | Date of Birth 2-17 (Month) (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Vernon E. Olsen	FULL MAIDEN NAME Myrtle Fuller
RESIDENCE Basalt	RESIDENCE Basalt
COLOR W.	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Utah	COLOR W. AGE AT LAST BIRTHDAY 32 (Years)
OCCUPATION Farmer	BIRTHPLACE Utah
	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 15 P. M. on the date above stated.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley, Ida.

Filed March 17 1922 Mrs Nalen E. Peterson Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Basalt

Street: .....

County: Bingham

File Number: 99867

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Feb. 17, 192.2.

Father: Vernon E. Olsen (Full Name)

Mother: Myrtle Miller (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Vauna Joy Olsen (Child's Name in Full)

Myrtle Olsen (Signature of Father or Mother)

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

469-118-066-469

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED APR 1922 BUREAU OF VITAL

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

Registration District No. 121 File No. 99868

No. ..... St.

Primary Registration District No. 2194 Registered No. 128

Hospital .....

FULL NAME OF CHILD Kengo Morishita

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	2 (Month) 18 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Tourukichi Morishita	FULL MAIDEN NAME	Trune Morita
RESIDENCE	Shelley	RESIDENCE	Shelley.
COLOR	Jap.	COLOR	Jap.
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley, Idaho

Filed March 17 1922 Mrs Walter E. Patrick

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bear Lake

RECEIVED

CERTIFICATE OF BIRTH

City of Shelley
amend childs name and
No. fathers name St.
2-14-84 dl
Hospital

Registration District No. 121 File No. 99869

Primary Registration District No. 2194 Registered No. 129.

FULL NAME OF CHILD Afton ~~Miller~~ Millar

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
4		yes	2 - 20 1922 (Month) (Day) (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
Roderick ~~Roderick Miller~~ Millar		Mary Ellen Kelley	
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	U. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	U. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Shelley, Ida.

Registrar

Filed March 17 1922 Mrs Thalia E. Pilbur

Registrar

FEB 4 1944

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of BINGHAM } ss.

Certificate No. 99869

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Afton Miller (Name on Original Certificate) who born (Was Born or Died) on Feb. 20, 1922 (Date of Event)
in Shelley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Last Name of Child	Miller	Afton Millar
Full Name of Father	Rodrick Miller	Roderick Millar

Subscribed and sworn to before me this 3rd day of February, 1984
Robert W. Anderson
Notary Public, residing at Blackfoot, ID
My commission expires Lifetime
(Seal)

Signed Afton Millar Braunstein
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
717 S. University Blackfoot, ID
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of BINGHAM } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of February, 1984
Robert W. Anderson
Notary Public, residing at Blackfoot, ID
My commission expires Lifetime
(Seal)

Signed Gladys M Evans
(Signature of Any Credible Person)
Rt 5 Box 66 Blackfoot, ID
(Street Address, City, State)

FORM DPH 55.155 CL-9-k-59. nm

Certificate of Baptism from LDS Church gives Afton Millar daughter of Roderick Millar andElla Kelley born Feb 20, 1922 as Shelley was baptised March 1, 1930. Viewed by V.S.

FEB 14 [illegible]

Certificate of Blessing from LDS Church gives Afton Millar daughter of Roderick Millar and Ella Kelley born Feb 20, 1922 at Shelley was blessed April 2, 1922. Viewed by V.S.

316-220-006-539

Form V. S. No. 11-C-25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bingham

RECEIVED
APR 2 1922

CERTIFICATE OF BIRTH

City of Shelley

Registration District No. 121 File No. 99870

No. ..... St.

Primary Registration District No. 2194 Registered No. 130.

Hospital .....

FULL NAME OF CHILD Fannie Lawrence

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		yes	2 (Month) 20 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Stanley H. Lawrence	FULL MAIDEN NAME	Kathryn Elliott
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Bookkeeper	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Elsie (Born alive or stillborn), at 6 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley, Ida

Registrar

Filed March 17 1922 Mrs Walter E. Fabius

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

STATE O[illegible]

Boise, Idaho, [redacted] 8 - 1922 ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Shelley

Place of Birth — Street: .....

Place of Birth — County: Bingham

File Number: 99870 Vol K

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Feby - 20 - 1922

Father: Stanley Allen Lawrence (Full Name)

Mother: Kathryn Elliott (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Fannie Lawrence

Child's Name in Full

Kathryn E. Lawrence

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

NOV 26 1951

485-126-006-295

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
APR 21 1922
BUREAU

Registration District No. 121 File No. 99871

Primary Registration District No. 2194 Registered No. 131

FULL NAME OF CHILD Don LeRoy Dye.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	2 (Month) – 26 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Richard Dye	FULL MAIDEN NAME	Marie B. Brockbush
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Shelley, Ida.

Filed March 17 1922 Mrs Walter E. Putnie

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTI[illegible]
[illegible] AND THE SAME

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City: Basalt
Street:
County: Bingham

File Number: 99871

Registration Dist. No.: Basalt

Date of Birth: Feb. - 26 1922

Sex of Child: Male

Father: Richard Dye Jr.
Full Name

Mother: Marie B[illegible]
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Don. Le. Roy. Dye.
Child's Name in Full

Richard Dye
Signature of Father or Mother

h registration is part of every child's birthright.
stablishes legally the date of the child's birth, parentage
acy.
enables the Public Health Nurse to make sure the child has
ted from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

The correct age for purposes of school attendance.
Employment.
Protection under the law.
Military and jury duty.
Right to travel unmolested in foreign lands.
Right to vote.
Right to receive pensions and inherit property.
Furnishes acceptable evidence of genealogy.
Right to get married.

Just at this time while many of the Ex-Service men are com-
furnish certified copies of certificates of birth, it is im-
hat the certificates be filed with the BUREAU OF VITAL STATIS-
the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

815-224-006-285

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

Registration District No. 121 File No. 99872

No. ..... St.

Primary Registration District No. 2194 Registered No. 132

Hospital

FULL NAME OF CHILD Gail Hanson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
F				yes	2	24	1922

FATHER	MOTHER
FULL NAME Elmer E. Hanson	FULL MAIDEN NAME Gayle Sheffard
RESIDENCE Shelley R#1	RESIDENCE Shelley R#1
COLOR W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah.
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 3 31 P. M. on the date above stated.

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Address Shelley, Ida.

Filed March 1 1922 Mrs Walter E Peters Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

Birth registration is part of every child's birthright.
It establishes legally the [illegible] the child' [illegible]ntage
and

Place of Birth — City: Goshen

Street:

County: Bingham

File Number: 99876

Registration Dist. No.:

Sex of Child: Female

Date of Birth: FEB - 24 1922

Father: Oliver E. Hanson
Full Name

Mother: Hazel Shepard
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Gail Hanson
Child's Name in Full

Oliver E. Hanson
Signature of Father or Mother

to enable the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

JUL 14 1942

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

389-221-[redacted]

PLA[redacted]

Form V. S. No. 11-C—25m-7-21-19

County of Bingham

APR 2[illegible]

BUREA[illegible]

STATE

CERTIFICATE OF BIRTH

City of Shelley

Registration District No. 121 File No. 99873

No. ..... St.

Primary Registration District No. 2194 Registered No. 133

Hospital .....

FULL NAME OF CHILD Esther ~~Olen~~ OLEVA Christensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	2 - 21 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Len Lor Christensen	FULL MAIDEN NAME	Sarah Esther Gardner
RESIDENCE	Shelley.	RESIDENCE	Shelley
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley, Idaho

Filed March 17 1922 Mrs Walter E. Patrick

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1922-367354

DUP OF 1922-367354

RECEIVED
MAY 10 1922
BUREAU OF VITAL
STATISTICS

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAY 8 - 1922 ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Shelley

Place of Birth — Street: .....

Place of Birth — County: Bingham

File Number: 99873

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Feb 21 192 2

Father: Lorenzo L Christensen (Full Name)

Mother: Esther Gardner (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Esther Olena Christensen

L L Christensen

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

DUP OF 1922-36735Y

366-214-006-416

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU

CERTIFICATE OF BIRTH

99874

County of Bingham
City of Shelley
No. ..... St.
Hospital .....

Registration District No. 121 File No. .....
Primary Registration District No. 2194 Registered No. 134

FULL NAME OF CHILD Nona Cook
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Feb. 4 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Herbert Cook	FULL MAIDEN NAME	Elsie Dawson
RESIDENCE	Shelley Idaho	RESIDENCE	Shelley Idaho
COLOR	W AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Roberts Mrs
(Physician or midwife)

Address Shelley, Idaho

Filed April 8 1922 Mrs Helen E. Pitman
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVTR

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Shelley

Street: .....

County: Bingham

File Number: 99874

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Feb. 14 1922

Father: Herbert Cook (Full Name)

Mother: Elsie Dawson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Nona Cook
Child's Name in Full

Herbert Cook
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

194-115-006-255

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 99875

Primary Registration District No. 2194 Registered No. 135

FULL NAME OF CHILD Ladd Carl Armstrong
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Feb 15 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Ellis Arnstrong	FULL MAIDEN NAME	Winona Kendell
RESIDENCE	Basalt, Idaho	RESIDENCE	Basalt, Idaho
COLOR	W AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Roberts MD
(Physician or midwife)

Address Shelley Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed April 8 1922 Mrs Walter E. Patine
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATISTICS VITAL

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Basalt

Street: .....

County: Bingham

File Number: 99875

Registration Dist. No.: 45

Date of Birth: Feb. 15 1922.

Sex of Child: Male

Father: Ellis Armstrong (Full Name)

Mother: Winona Kendall (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ladd Carl Armstrong

Child's Name in Full

Ellis Armstrong

Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

815-124-006-815

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED APR 2[illegible] 1922 [illegible] VITAL

County of Bingham

City of Shelley

No. ..... Registration District No. 121 File No. 99876

Hospital ..... Primary Registration District No. 2144 Registered No. 136

FULL NAME OF CHILD KENNETH OSTLIN Hanson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Feb. 24 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Ostlin Hanson	FULL MAIDEN NAME	Mary Hanson
RESIDENCE	Shelley Idaho	RESIDENCE	Shelley Idaho
COLOR	W AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4.25 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Roberts MD
(Physician or midwife)

Address Shelley Idaho

Filed April 8 1922 Mrs Walter E. Potine
Registrar.

Give names added from a supplemental report.

....., 19..

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PR 1 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHO
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NA

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of BONNEVILLE } ss.

Certificate No. 99876

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Kenneth Ostlin Hanson (Name on Original Certificate) who was born (Was Born or Died) on Feb. 24, 1922 (Date of Event)
in Woodville, Idaho (Place of Event); and that, to the best of his knowledge, the
true facts are shown by my own book record (Bible Record, Insurance Policy, Etc.) prepared ~~on~~ in March, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Gail	Kenneth Ostlin Hanson
Kenneth Ostlin Hanson, born		
Feb. 24, 1922		Kenneth Ostlin Hanson

Subscribed and sworn to before me this 30th
day of July, 1942.

Georg R. Wilson
Notary Public, residing at Idaho Falls, Idaho
My commission expires April 10-1946
(Seal)

Signed ✓ Fred C. Johnson Grandfather of Kenneth Ostlin Hanson.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Shelley, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of BONNEVILLE } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th
day of July, 1942.

Georg R. Wilson
Notary Public, residing at Idaho Falls, Idaho.
My commission expires April 10-1946
(Seal)

Signed Floy M. Harris Aunt of Kenneth Ostlin Hanson.
(Signature of Any Credible Person Other Than Previous Year)

1002 Emerson Ave., Idaho Falls, Idaho.
(Street Address, City, State)

AUG 8 1942

AUG 18 1942

595.224.096-669 Amended 6/2/80

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 11 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 99877

County of Bingham
City of Shelley
No. ..... St.
Registration District No. 121
File No. .....
Hospital .....
Primary Registration District No. 2194
Registered No. 137

FULL NAME OF CHILD Mary Jane Nielsen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female			yes	March	24	1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	Joe Nielsen	FULL MAIDEN NAME Ida Forbes
RESIDENCE	Shelley Idaho	Shelley Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY	34 years	35 (Years)
BIRTHPLACE	Wisconsin	Utah
OCCUPATION	Farmer	Home wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 5.25 a M. on the date above stated.

(Signature) J. W. Roberts M.D.
(Physician or midwife)

Address Shelley Idaho

Filed April 8 1922 Mrs Valeria E. Petrie
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 99877
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Nielson (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 24, 1922 (Date of Event)
in Shelley, Idaho (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Mary Jane Nielsen

Subscribed and sworn to before me this _____ day of
_____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Mary Jane Cope
Signature of Applicant
10566 K-Bar-T Dr Boise Ida. 83709
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
_____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certif of Baptism from the LDS Church gives name as Mary Jane Nielsen daughter of Jos. H. Nielsen and Ida Forbes. born March 24, 1922 at Goshen, Idaho. Baptized March 29, 1930. viewed by V. S.

Own son's b.c. on file in Idaho #285855. gives mother's maiden ane as Mary Jane Nielsen. child's birth dated as Oct. 14, 1939. viewed by V. S.

JUN 4 1980

319-401-006-418

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City Moreland

No. ..... St.

Hospital ~~Home~~

Registration District No. 121 File No. 99878

Primary Registration District No. 2194 Registered No. 138

FULL NAME OF CHILD Eylwin Carver

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	5	yes	3 1 1922

FATHER		MOTHER	
FULL NAME	Joseph E Carver	FULL MAIDEN NAME	Adella Mayes
RESIDENCE	Groveland Idaho	RESIDENCE	Groveland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Plain City Utah	BIRTHPLACE	Plain City, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Hatch
Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Moreland Idaho

Filed April 8 1922 Mrs Walter E. Patrie
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 25 1966

814-113-806-564

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AMENDED 11/29/45 CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. ____ St. ____
Hospital ____

Registration District No. 121 File No. 99880
Primary Registration District No. 2194 Registered No. 140

FULL NAME OF CHILD Frank Gomei Yamashita
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Mar. 15, 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth: 5
Number of children of this mother now living, including present birth: 5

FATHER		MOTHER	
FULL NAME	T. Y. Yamashita	FULL MAIDEN NAME	Shize Nomura
RESIDENCE	Blackfoot, Ida.	RESIDENCE	Blackfoot, Ida.
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

...., 192....

.... Registrar.

(Signature) T. Y. Yamashita (Father)

(Physician or midwife)

Address Blackfoot, Idaho

Filed April 8, 1922 Mrs. Walter E. Patrie Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of MINNESOTA } ss.
County of HENNEPIN }

Certificate No. 90880

NOV 23 1945

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Gomei Yamashita (Name on Original Certificate) who born (Was Born or Died) on March 13, 1922 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Gomer Yamashita	Frank Gomei Yamashita

Subscribed and sworn to before me this 19th day of November, 1945.

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Frank Gomei Yamashita
Tec 5 ASN 39230039
(Signature of parent or attendant if correcting birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Teiji Y. Yamashita
(Signature of Any Credible Person)

.....
(Street Address, City, State)

NOV 9 0 1945

295-109-006-556

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922

CERTIFICATE OF BIRTH

County of Bingham
City of Fort Hull
No. ..... St.
Hospital .....

Registration District No. 421 File No. 99881
Primary Registration District No. 2194 Registered No. 141

FULL NAME OF CHILD William Lorenzo King
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Mch 9 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Clarence O. King	FULL MAIDEN NAME	Effie Newbold
RESIDENCE	Fort Hull, Idaho	RESIDENCE	Fort Hull, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mont
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.
(Physician or midwife)

Address Blackfoot, Idaho

Filed April 28 1922 Mrs Thalia E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 17 1967

DEC 2 1942

432-112-006-165

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 1922

CERTIFICATE OF BIRTH

99882

County of Bingham
City of Blackfoot
No. Thomas St.
Registration District No. 121 File No.
Hospital
Primary Registration District No. 2194 Registered No. 142

FULL NAME OF CHILD Ronald McBride
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	March 12 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Edwin McBride	FULL MAIDEN NAME	Fanny Jones
RESIDENCE	Blackfoot, Idaho #2	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.
(Physician or midwife)

Address Blackfoot, Idaho.

Filed April 8 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 1942

432-216-006-219

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
[illegible] TAL

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. Ward #1 St.
Registration District No. 121 File No. 99883
Hospital
Primary Registration District No. 2194 Registered No. 143

FULL NAME OF CHILD Ehovie Eileen McKie
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Mch 16 1922

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	James McKie	FULL MAIDEN NAME	Ehovoe O Karlberg
RESIDENCE	Blackfoot, Idaho #3	RESIDENCE	Blackfoot Idaho #3
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Scotland	BIRTHPLACE	Sweeden
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Blackfoot, Idaho

Filed April 8 1922 Mrs Thelma E. Patrick
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-122-006-259

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922

CERTIFICATE OF BIRTH

99884

County of Bingham
City of Blackfoot
No. Groveland St.
Hospital

Registration District No. 121
Primary Registration District No. 2194
File No.
Registered No. 144

FULL NAME OF CHILD Velton Willard Warren
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 22 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Wm. E. Warren	FULL MAIDEN NAME	Jen. Bergesen
RESIDENCE	Blackfoot, Idaho #1	RESIDENCE	Blackfoot, Idaho #1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11. P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Mitchell M. D.
(Physician or midwife)

Address Blackfoot Idaho

Filed April 8 1922 Mrs Helen E. Peters
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 12 1944

IDAHO
PUBLIC WELFARE
AL STATISTICS

E OF BIRTH

ty of Blackfoot

o. ..... St. Registration District No. 121 File No. 99885

ospital ..... Primary Registration District No. 1907 Registered No. 145

ULL NAME OF CHILD Georgia Lee Shafer
(Certificate of no value without full name of child.)

ex of hild	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		No	Mch 21 1922

hat bactericidal solution was used in eyes? Yes

umber of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
ULL AME		FULL MAIDEN NAME	Ona Frazer
SIDENCE		RESIDENCE	Blackfoot, Idaho
OLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	White AGE AT LAST BIRTHDAY 18 (Years)
RTHPLACE		BIRTHPLACE	Idaho
CCUPATION		OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 P. M. the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M.D.

(Physician or midwife)

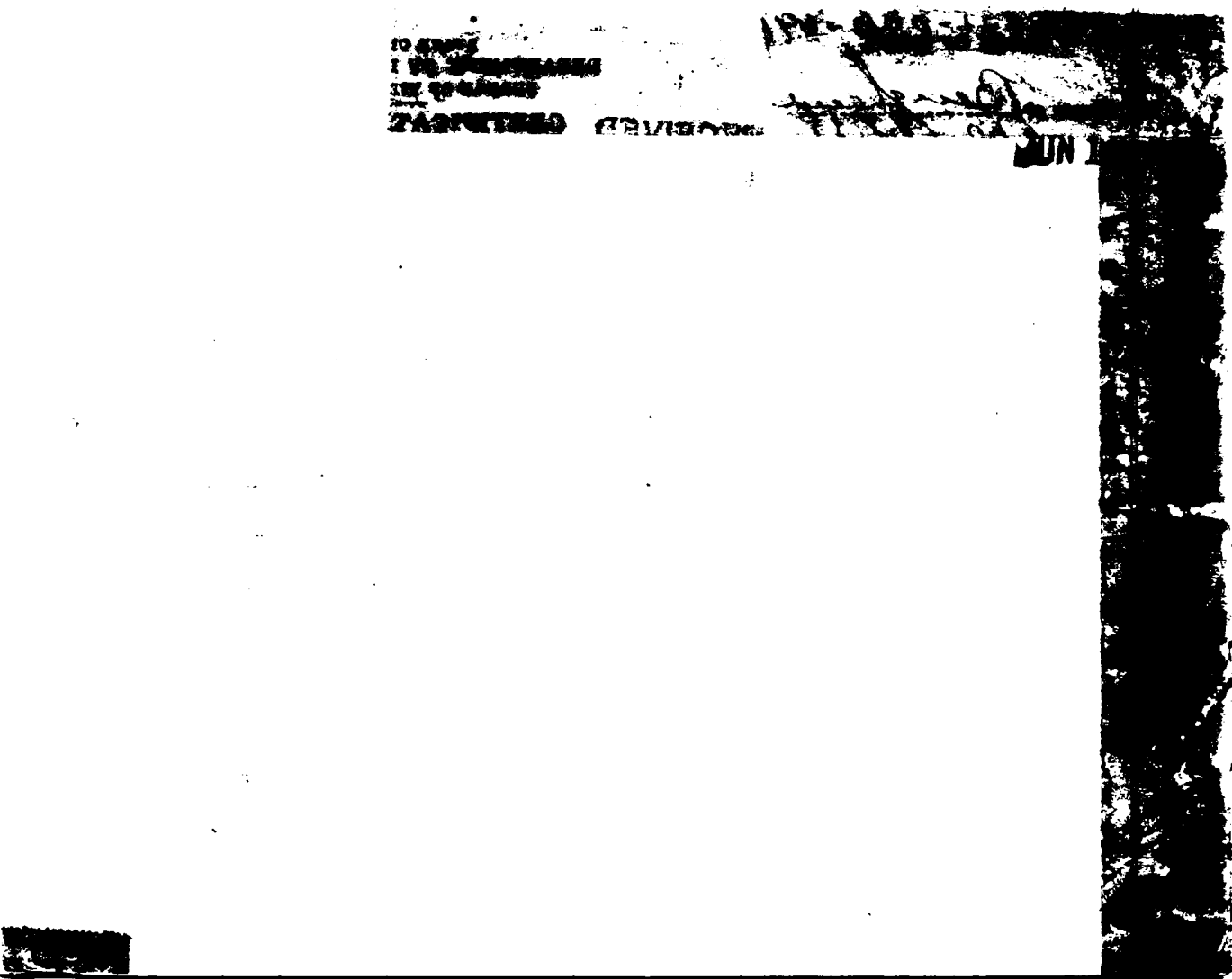
ive names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Blackfoot, Idaho.

Filed April 8 1922 Mrs Walter E. Patrick



415-224-006-432

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

County of Bingham
City of Blackfoot
No. 133 North Fisher Ave. Registration District No. 121 File No. 99886
Hospital Primary Registration District No. 1007 Registered No. 146

FULL NAME OF CHILD Justine Burdett Davis
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	March 24 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME George H. Davis	FULL MAIDEN NAME Jessie McKellar
RESIDENCE Blackfoot, Idaho	RESIDENCE Blackfoot, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 47 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Laborer	OCCUPATION Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8:05 M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell M. D.
(Physician or midwife)

Address Blackfoot, Idaho

Filed April 5 1922 Mrs. Walter E. Peters
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 15 1967

JUL 22 1942

515-129-006-143

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99887

County of Bonneville
City of Blackfoot
No. Garland St.
Hospital

Registration District No. 121
Primary Registration District No. 2194
File No.
Registered No. 147

FULL NAME OF CHILD Richard Van Peters
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	March 29 1922

What bacterioidal solution was used in eyes? Yes.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Marinus W. Van Peters	FULL MAIDEN NAME	Eva A. Allen
RESIDENCE	Blackfoot, Idaho #1	RESIDENCE	Blackfoot, Idaho #1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Holland	BIRTHPLACE	Holland
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Mitchell M.D.
(Physician or midwife)

Address Blackfoot, Idaho

Filed April 5 1922 Nora Thalen E. Petrie
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-121-006-493

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—[illegible]

[illegible]TE OF IDAHO
[illegible]F VITAL STATISTICS

CERTIFICATE OF BIRTH

APR [illegible] 1922

BUREAU OF VITAL STATISTICS

County of Bingham

City of Belfoor

No. East South St.

Registration District No. 121

File No. 99888

Primary Registration District No. 1007

Registered No. 149

Hospital

FULL NAME OF CHILD Don James Buttcane

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	X		X	Yes	Mch 21 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Buttcane	FULL MAIDEN NAME	Maud Miles
RESIDENCE	Belfor	RESIDENCE	Belfoor
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis M D

(Physician or midwife)

Given names added from a supplemental report.

Address Blackfoot Idaho

19

Registrar

Filed April 8 1922 Mrs Helen E. Patrick

Registrar

OCT 17 1975

366-215-006-449

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. Asylum Road St.
Hospital

Registration District No. 121 File No. 99890
Primary Registration District No. 2194 Registered No. 130

FULL NAME OF CHILD Verna Antionette Cooke
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Mar 15 1922

What bactericidal solution was used in eyes? cygnoz 190

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	William W Cooke	Sadie Verna Duran
RESIDENCE	Blackfoot Ida	Blackfoot Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	38	23
BIRTHPLACE	Mass	Mich.
OCCUPATION	Attendant	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 0 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons M D
(Physician or midwife)

Address Blackfoot Ida

Filed April 9 1922 Mrs Walter C Talbot
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 28 1944

195-215-006-618

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. Centerville St.
Hospital

RECEIVED APR 2 ... BUREAU STATE

Registration District No. 121 File No. 99891
Primary Registration District No. 2194 Registered No. 151

FULL NAME OF CHILD Betty Lucile Arvish
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Mar 15 1922

What bactericidal solution was used in eyes? agno 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Bennie A. Arvish	FULL MAIDEN NAME	Opal Fay
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Nebr	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons
M D
(Physician or midwife)

Address Blackfoot Ida

Filed April 9 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 0 1971

236-225-006-819

PLACE OF BIRTH

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99892

County of Bingham

City of Blackfoot

No. Wapello St.

Registration District No. 21

File No.

Hospital

Primary Registration District No. 2194

Registered No. 152

FULL NAME OF CHILD Sarah Lucile Scott
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Mch 25 1922

What bactericidal solution was used in eyes? Agno3 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	David M Scott	FULL MAIDEN NAME	Wirinda Vilate Hargrove
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Blackfoot Ida

Filed April 9 1922 Mrs Thalia E. Tabuc
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

914-131-206-695

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. Kimball St.
Registration District No. 121
File No. 99893
Hospital —
Primary Registration District No. 2194
Registered No. 153

FULL NAME OF CHILD Hal Victor Ramsey
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	March 31 1922

What bactericidal solution was used in eyes? Argyrol 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Earl Ramsey	FULL MAIDEN NAME	Ruth French
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Iowa	BIRTHPLACE	Nebr
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Barnalive at 10 P M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons M D
(Physician or midwife)

Address Blackfoot Ida

Filed April 9 1922 Mrs. Nalier E. Peterson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

351-202-006-993 name added 5/8/80

PLACE OF BIRTH

RECEIVED APR 21 19[illegible] BUREAU [illegible] STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99894

County of Bingham

City of Moreland

No. ..... St.

Hospital .....

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 154

FULL NAME OF CHILD Lula Leavitt
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Mar. 2 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Elva Francis Leavitt	FULL MAIDEN NAME	Nettie Richardson
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Wyoming	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician
(Physician or midwife)

Address Blackfoot, Idaho

Filed April 9 1922 Mrs Walter E. [illegible]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-25-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
MAR 2 1 1980
Bureau of Vital Statistics

State of _____ } ss.
County of _____ }

Certificate No. 99894
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Leavitt (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 2, 1922 (Date of Event)

in Moreland (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Lula Leavitt

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of March, 19 80.

Notary Public, Myron Byrd
Residing at Blackfoot, Idaho
My commission expires 11-2-83
(Seal)

Aileen Armstrong
Supporting Signature

Box 15 Pingree, Idaho 83262
Street Address, City, State

Certif of Baptism from the LDS Church gives name as Lula Leavitt daughter of Alva Leavitt and Mettie Richardson. born Mar 2, 1922 at Moreland, Idaho. Baptized May 3, 1930. viewed by V. S.

Diploma from LDS Seminaries Certi fo Graduation gives name as Lula Leavitt dated May 7, 1939. xxw Viwed by V. S.

293-102-006-767

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 2[illegible] 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99895

County of Bingham
City of Blackfoot
No. 608 S. Shilling
Hospital

Registration District No. 121 File No.
Primary Registration District No. 1007 Registered No. 155

FULL NAME OF CHILD Reed Gordon Bills
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Mar. 2 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Orin E. Bills	FULL MAIDEN NAME	Leone Pope
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Garage Manager	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:23 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
Physician
(Physician or ~~midwife~~)

Address Blackfoot Idaho

Filed April 9 1922 Mrs Valerie E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAY [illegible] - 1922

Boise, Idaho,.....192...

im:

name of your baby was not filled in on the birth certificate sent to this office. It is of vital import-
ve the full name included in the record. Kindly fill in the information requested in the blank below
this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

---

y ..... Blackfoot, ... File Number ..... 99895 .....

eet ..... 608 S. Shilling Ave., ...

nty ..... Bingham ..... Registration Dist. No. .....

id..... Male ..... Date of Birth ..... Mar. 2, ...192..2...

..... Oren Eugene Bills, ... Mother ..... Leone Pope, ...
Full Name — Full Maiden Name

CERTIFY that the child described herein has been named:

Reed Gordan Bills,

.....
Child's Name in Full

..... Mrs. Oren E. Bills .....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SH
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE

- - - - - - - - - - -

Birth registration is part of every child's birth

It establishes legally the date of the child's b
and legitimacy.

It enables the Public Health Nurse to make sure
been protected from danger of blindness and other infec

- - - - IT SHOWS AT LATER PERIODS OF LIFE: -

1. The correct age for purposes of school attend
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit proper
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Servi

pelled to furnish certified copies of certificates of b
portant that the certificates be filed with the BUREAU
TICS and the same completed by furnishing the name of t

PLEASE ASSIST BY FURNISHING THE NAME OF YOU

Dear Mada

The
ance to ha
and return

Place of Birth { City / Str / Cou

Sex of Chil

Father ...

I HEREBY

.....

386-203-006-351

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 2 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99896

County of Bingham

City of Moreland

No. ..... St.

Registration District No. 121 File No. .....

Name added 3/27/81

Hospital ..... Primary Registration District No. 2194 Registered No. 156

FULL NAME OF CHILD Margie Valeda Thompson
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	March 3 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ralph M. Thompson	FULL MAIDEN NAME	Valeda Leavitt
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
Physician
(Physician or midwife)

Address Blackfoot Idaho

Filed April 9 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

Certificate No. 99896
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Thompson (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 3, 1922 (Date of Event)

in Moreland (Bingham) (Place of Event) erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Omitted	Margie Valeda Thompson

Subscribed and sworn to before me this 16th day of March, 1981.

Notary Public Florence Cartwright
Residing at 3921 Middleberry Place
My commission expires Lifetime
(Seal)

Rhea Thompson Hollis
Signature of Applicant

312 10th St No Nampa Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of March, 1981.

Notary Public Florence Cartwright
Residing at Boise
My commission expires Lifetime
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

In office 3-16-81

Own child's birth certificate, Fredrick Wilson Kortum, born June 1, 1947, gives name as Margie Valeda Thompson for mother. Child born June 1, 1947, Driggs, Idaho.

Viewed by V.S.

Obituary for Valeda Thompson in The Teton Valley News lists surviving daughter as Margie Moulton. Paper dated March 18, 1971. Viewed by V.S.

154-206-006-163

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

REC... APR... BUREAU

CERTIFICATE OF BIRTH

99897

County of Bingham

City of Blackfoot

No. ..... St.

Registration District No. 121 File No. .....

Hospital .....

Primary Registration District No. 1007 Registered No. 158

FULL NAME OF CHILD Marjorie Jane Andrew
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	March 6 1921

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Leslie Andrew	FULL MAIDEN NAME	Eva May Jolley
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician
(Physician or midwife)

Address Blackfoot Idaho

Filed April 7 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 20 1966
MAY 11 1962

389-104-006-993

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99898

County of Bingham
City of Moreland
No. ..... St.
Hospital .....

Registration District No. 121 File No. .....
Primary Registration District No. 2194 Registered No. 157

FULL NAME OF CHILD Christiansen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	March 4 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	William H. Christiansen	FULL MAIDEN NAME	Elsie Richardson
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck
Physician
(Physician or midwife)

Address Blackfoot, Idaho

Filed April 9 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

351-207.006-366

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 2 BUREAU OF STATISTICS

CERTIFICATE OF BIRTH

99899

County of Bingham

City of Blackfoot

No. R.D. #4 St.

Registration District No. 721 File No.

Hospital

Primary Registration District No. 2194 Registered No. 159

FULL NAME OF CHILD Venna L. Leavitt
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Mar 7 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	George R. Leavitt	FULL MAIDEN NAME	Lillie Lowe
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
Physician
(Physician or midwife)

Address Blackfoot Idaho

Filed April 9 1922 [illegible]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - - -

Birth registrati[illegible] child[illegible]

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Lincoln } ss.

Certificate No. 99899

Date Filed

The undersigned does, solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who Mar. 7, 1922 (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	No name	Venna L. Leavitt

Subscribed and sworn to before me this 31
day of October, 1942
B F Greene
Notary Public, residing at Malad, Idaho
My commission expires Aug 1, 1945
(Seal)

Signed Mrs Henry Leavitt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
W W Beck M D
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 26 1944

363-[illegible]-06-314

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECE[illegible]
APR [illegible]
BU[illegible]

CERTIFICATE OF BIRTH

99900

County of Bingham
City of Blackfoot
No. R.D. # 3 St.
Hospital

Registration District No. 121 File No.
Primary Registration District No. 2194 Registered No. 160

FULL NAME OF CHILD John Gordon Tolmie
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	Mar. 9 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John A. Tolmie	FULL MAIDEN NAME	Beulah Campbell
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
Physician
(Physician or midwife)

Address Blackfoot, Idaho.

Filed April 9 1922 Mrs Helen E. Petrie
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
JUN 12 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, MAY 8 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackfoot

Street: Idaho

County: Bingham

File Number: 99900

Registration Dist. No.:

Sex of Child: Male

Date of Birth: March 9th 1922

Father: John A. Tolmie (Full Name)

Mother: Beulah B. Campbell (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

John Gordon Tolmie
Child's Name in Full

John A. Tolmie
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

666-111-006-000

PLACE OF BIRTH

of Bingham

City of Blackfoot

No. R. D. #3 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECE... APR 2 BUREAU STA...

CERTIFICATE OF BIRTH

99901

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 161

FULL NAME OF CHILD MERLIN Woodland
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		Yes	Mar. 11 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Joseph M. Woodland	FULL MAIDEN NAME	Jane Adelaar
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Idaho	BIRTHPLACE	Holland
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born a live at 4:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck
Physician
(Physician ~~or midwife~~)

Address Blackfoot Idaho

Filed April 9 1922 Mrs Walter E. Pebrie
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

DEC 26 1941

Certificate No. 99901
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Child (Name on original certificate) who Born (Was born or died) on Mar 11, 1942 (Date of event)
in Blackfoot, Ida. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Father (Bible record, insurance policy, etc.) prepared on 12-26-1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Omitted	Merlin Woodland

Subscribed and sworn to before me this 26th
day of December, 1941
Marion E. Orr
Notary Public, residing at Boise, Idaho
My commission expires 6-24-45
[SEAL]

Signed Joseph M Woodland
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

DEC 26 19

296-11-006-386

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bingham
City of Blackfoot
No. R. D. #2 St.

RECEIVED
AP... 1922
BU...

CERTIFICATE OF BIRTH

99902

Registration District No. 121 File No.

Hospital

Primary Registration District No. 2194 Registered No. 162

FULL NAME OF CHILD Broadhead
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Mar. 11 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	David Lester Broadhead	FULL MAIDEN NAME	Mary Thomas
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9:20 A.M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck
Physician
(Physician or midwife)

Address Blackfoot, Idaho

Filed April 9 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

141-212-006-864

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 1 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 99903

County of Bingham
City of Blackfoot
No. RFH 4 St.
Registration District No. 121 File No.
Hospital
Primary Registration District No. 2194 Registered No. 163

FULL NAME OF CHILD Thelma Lee Adams
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Mar 12 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Maurice Wm. Adams	FULL MAIDEN NAME	Ellen Melissa Homer
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Blackfoot, Ida

Filed April 9 1922 Mrs Walter E. Patrick
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEVERAL REASONS WHY A CERTIFICATE OF B[illegible] SHOULD
BE FILED F[illegible] AND THE SAME COMPLETED [illegible]

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackfoot

Street: R. F. D. #2

County: Bingham

File Number: 99903

Registration Dist. No.:

Sex of Child: Female

Date of Birth: March 12 1922

Father: Maurice Wm Adams (Full Name)

Mother: Ellen Melissa Homer (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Thelma Lee Adams

Child's Name in Full

Ellen Adams

Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

465-213-006-535

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99904

County of Bingham
City of Blackfoot
No. ____ St.
Hospital ____
Registration District No. 21
Primary Registration District No. 2194
File No. ____
Registered No. 764

FULL NAME OF CHILD Mary Monserrat
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2	yes	Mar. 13. 1922

What bacterieidal solution was used in eyes? Argyrole

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Miguel Monserrat	FULL MAIDEN NAME	Bonificia Elespuru
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:30 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) A W Beck
Physician
(Physician or midwife)

Address Blackfoot Idaho.

Filed April 9 1922 Mrs Walter E. Labrie
Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackfoot

Street: R. 3 Box 34

County: Bingham

File Number: 99904

Registration Dist. No.:

Sex of Child: Female 4

Date of Birth: March 13 1922

Father: Miguel Monserrat (Full Name)

Mother: Bonifacia Elespuru (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

.....

Child's Name in Full

Mary Monserrat

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

366-113-006-793

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99905

County of Bingham

City of Blackfoot

No. R.D. #1 St.

Registration District No. 121 File No.

Hospital

Primary Registration District No. 2194 Registered No. 165

FULL NAME OF CHILD Jarvis Dale Coffman
(Certificate of no value without full name of child.)

Sex of Child Male

Twin Triplet or other? L and Number in order of birth L
(To be answered only in event of plural births)

Legitimate? Yes

Date of birth Mar 13 1922
(Month) (Day) (Year)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Ray Coffman	FULL MAIDEN NAME	Asenith Gilbert
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
Physician
(Physician or midwife)

Address Blackfoot, Ida

Filed April 19 1922 Mrs Walter E. Patrie
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 7 1950

266-217-006-465

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99906

County of Bingham
City of Blackfoot
No. R. #5 St.
Registration District No. 121
File No.
Hospital
Primary Registration District No. 2194
Registered No. 166

FULL NAME OF CHILD Marva Kofoed Kofoed
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Mar 17 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Willard C. Kofoed	FULL MAIDEN NAME	Hazel Monson
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Wyo.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3: A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) W. W. Beck
Physician
(Physician or midwife)

Address Blackfoot Idaho

Filed April 9 1922 Mrs. Walter E. Patrick
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DOCUMENT

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Blackfoot
- Street: Idaho
- County: Bingham

File Number: 99906

Registration Dist. No. .....

Date of Birth: March 17 1922

Sex of Child: Female

Father: Willard C. Kofoed
Full Name

Mother: Hazel Lucy Monson
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Marva Kofoed
Child's Name in Full

Willard C. Kofoed
Signature of Father or Mother

JAN 27 1981

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

251-222-006-595

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. R. D. #1 St.

Registration District No. 121 File No. 99907

Hospital

Primary Registration District No. 2194 Registered No. 167

FULL NAME OF CHILD Carma Seamons
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? | and | Number in order of birth
(To be answered only in event of plural births)

Legitimate? Yes

Date of birth Mar 22 1922
(Month) (Day) (Year)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Wilford LeRoy Seamons	FULL MAIDEN NAME	Mary Amanda Nielsen
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5:00 A.M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
Physician
(Physician or midwife)

Address Blackfoot Idaho

Filed April 9 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Blackfoot

Street: .....

County: Bingham

File Number: 99907

Registration Dist. No.: 2194

Date of Birth: Mar 22 192 8

Sex of Child: Female

Father: Wilford Leroy Seamons (Full Name)

Mother: Mary Amanda Nielsen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named;

Carma Seamons

Child's Name in Full

Amanda Seamons

Signature of Father or Mother

MAR 1 1 1974

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

691-223-006-389

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bingham

City of Blackfoot

No. Moreland St.

Hospital

CERTIFICATE OF BIRTH

99308

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 168

FULL NAME OF CHILD EVELYN Wray
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	2		2	yes	Mar 23 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Vernon Wray	FULL MAIDEN NAME	Evelyn Christiansen
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6:00 A.M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician
(Physician or midwife)

Address Blackfoot, Ida

Filed April 7 1922 Mrs Nateen E. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1922

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County .....

File Number 99908

Registration Dist. No. .....

Sex of Child..... Female

Date of Birth .....192....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD 14 1952
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

255-125-006-395

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Moreland St. Registration District No. 121 File No. 99909

Hospital Primary Registration District No. 2194 Registered No. 169

FULL NAME OF CHILD Donald E. Benson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—		—	yes	Mar. 25 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Edward D. Benson	FULL MAIDEN NAME	Maud Lindsay
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
Physician
(Physician or midwife)

Address Blackfoot, Idaho

Filed April 9 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ST
AP

Boise, Idaho, MAY 8 - 1922 .....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City ..... Street ..... County .....

File Number 99909

Registration Dist. No. .....

Sex of Child Male

Date of Birth .....192....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED NOV 4 1968 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 99909

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Benson (Name on Original Certificate) who was born (Was Born or Died) on Mar. 25, 1922 (Date of Event)

in Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Donald E. Benson

Subscribed and sworn to before me this 15th day of July, 1961

S. Martin L. Glassett

Notary Public, residing at Salt Lake City 6, Utah

My commission expires April 16, 1964

(Seal)

Signed Maud Benson (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Moreland, Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of July, 1961

S. Martin L. Glassett

Notary Public, residing at Salt Lake City 6, Utah

My commission expires April 16, 1964

(Seal)

Signed Rex B. Lindsay (Signature of Any Credible Person)

733 East 1st North (Street Address, City, State)

Bountiful Utah

FORM DH 60-155

CL 5-24-61. one copy pd. receipt #16533. 1 copy pd. rec. # 3704

LDS Church Certificate of Birth, entered on record June 4, 1922, gives name as Donald E. Benson, born March 25, 1922 at Moreland, Idaho to Edward D. Benson and Maud Lindsay - viewed by VS.

DEC 18 1968

Photo copy of Marriage Certificate, State of Utah, County of Salt Lake, married August 27, 1948, gives name of groom as Donald E. Benson and name of bride and Lois Maxine Glassett - viewed by VS.

664-126-006-844

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED APR [illegible] 1922

County of Bingham

City of Blackfoot

No. ..... St.

Registration District No. 121 File No. 99910

Hospital .....

Primary Registration District No. 2194 Registered No. 170

FULL NAME OF CHILD Wayne Franklin Womack
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	~		~	yes	Mar 26 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Vern Franklin Womack	FULL MAIDEN NAME	Pearl Humphreys
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7: P.M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck
Physician
(Physician or midwife)

Address Blackfoot, Idaho

Filed April 9 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/31/41 L. B.

IDAHO

DEPAR[illegible]NT OF PUBLIC WELFARE

MAY 8 - 1922

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City [illegible]

Street .....

County [illegible]

File Number 99910

Registration Dist. No. .....

Date of Birth March 24th 192[illegible]

Sex of Child..... Male .....

Father Van Franklin Womack (Full Name) Mother Pearl Humphreys (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Wayne Franklin Womack

Child's Name in Full

Van Franklin Womack

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

855-227-006-295 AMENDED CHILD'S & FATHER'S NAMES 1-3-2000 MS

PLACE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

RECEIVED APR 2 1 1922

CERTIFICATE OF BIRTH

99911

County of Bingham

City of Blackfoot

No. R. 3 St.

Registration District No. 121 File No.

Hospital

Primary Registration District No. 2194 Registered No. 171

FULL NAME OF CHILD ~~Cecelia~~ CECILIA Christina Henscheid

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	2		2	yes	Mar 27 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Henry J. ~~Henscheid~~ HENSCHEID	FULL MAIDEN NAME	Mary Sieger
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Texas	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:45 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Beck

Physician

(Physician or midwife)

Address Blackfoot, Idaho

Filed April 9 1922 Mrs Walter E. Patrick

Registrar.

Give names added from a supplemental report.

....., 19....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

1-3-2000

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 1922-99911
Date Filed APR. 21, 1922

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for CACILIA CHRISTINA HENSCHEID (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on MARCH 27, 1922 (Date of Event)

in BLACKFOOT (BINGHAM) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	CACILIA CHRISTINA HENSCHEID	CECILIA CHRISTINA HENSCHEID
FATHER'S SURNAME	HENSCHIED	HENSCHEID

Subscribed and sworn to before me this 3rd day of January 2000

Notary Public, Mary Schneider
Residing at Parkham Id
My commission expires 2-16-2000
(Seal)

MARY SCHNEIDER NOTARY PUBLIC STATE OF IDAHO

+ Cecilia C Rausch
Signature of Applicant

+ 300 So Val Vista #194 Mesa Az 85204
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, ____.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

JAN 0 3 2000

STATE OF IDAHO CERTIFICATE OF BIRTH FILED 2/7/1955 FILE #55-917 SHOWS THE MOTHER'S MAIDEN NAME AS CECILIA C HENSCHEID VIEWED VS.

STATE OF ARIZONA DRIVER LICENSE ISSUED TO CECILIA CHRISTINA RAUSCH ON MARCH 20, 1996 VIEWED VS.

STATE OF IDAHO CERTIFICATE OF BIRTH FILED 9/10/1920 FILE #1920-82366 SHOWS THE FATHER'S NAME AS HENRY J. HENSCHEID VIEWED VS.

STATE OF IDAHO CERTIFICATE OF DEATH FILED 6/7/1973 FILE #73-2266 SHOWS HENRY JOSEPH HENSCHEID DIED MAY 30, 1973 IN POCATELLO (BANNOCK) ID VIEWED VS.

393-230-006-557

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bingham

City of Blackfoot

No. Moreland St.

CERTIFICATE OF BIRTH 99912

Registration District No. 121 File No.

Hospital Primary Registration District No. 2194 Registered No. 172

FULL NAME OF CHILD Mary Lilyenquist
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Mar 30 1922

What bacteriecidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	O. Eugene Lilyenquist	FULL MAIDEN NAME	Lilly May England
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11: A. M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) W. W. Beck
Physician
(Physician or midwife)

Address Blackfoot Idaho

Filed April 9 1922 Mrs Thalen E. Talent
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395-226-006-815

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 2[illegible]
BUREAU
STA[illegible]

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. ..... St.
Hospital .....

Registration District No. 121 File No. 99913
Primary Registration District No. 2194 Registered No. 173

FULL NAME OF CHILD Marvetta Lindsay
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	2 / 26 / 1922

What bactericidal solution was used in eyes? silver nitrate 2% sol.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Alford W. Lindsay	FULL MAIDEN NAME	Ella J. Hansen
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:50 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton M.D.
(Physician or midwife)

Address Blackfoot Ida

Filed April 16 1922 Mrs Walter E. Patrick
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 8 1963

501
59
044

395-123 006-396

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Registration District No. 121 File No. 99915

Hospital ..... Primary Registration District No. 2194 Registered No. 176

FULL NAME OF CHILD Verlian Lindsay
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	3/23 1922

What bactericidal solution was used in eyes? 2% silver nitrate sol.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Wallace Lindsay	FULL MAIDEN NAME	Bertha M Crouch
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J O Hampton M.D.
(Physician or midwife)

Address Blackfoot Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed April 16 1922 Mrs Walter E. Patrick
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-115-006-415

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham
City of Blackfoot
No. ..... St.
Hospital .....

Registration District No. 121 File No. 99916
Primary Registration District No. 2194 Registered No. 175

FULL NAME OF CHILD Quentin Norman Haskell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	3/15/1922

What bactericidal solution was used in eyes? silver nitrate 2 % sol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Lewis N Haskell	FULL MAIDEN NAME	Amanda M Hance
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Hampton M.D.
(Physician or midwife)

Address Blackfoot Ida

Filed April 16 1922 Mrs Walter E. Patrie
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 7 1941

Amended 6-26-58

PLACE OF BIRTH

962-125-0062-713

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bingham Amended 6/21/76

CERTIFICATE OF BIRTH

City of Blackfoot

No. ____ St. Registration District No. 121 File No. 99917

Hospital ____ Primary Registration District No. 2194 Registered No. 777

FULL NAME OF CHILD Cecil Palmer Robinson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	3/25/192.2

What bactericidal solution was used in eyes? 2% Sol. Silver Nitrate

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Samuel B. Robinson	FULL MAIDEN NAME: Mary J. Palmer
RESIDENCE: Blackfoot, Ida.	RESIDENCE: Blackfoot, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

(Signature) J. O. Hampton, M.D.
(Physician or midwife)

Address Blackfoot, Ida.

Filed April 16 192.2 Mrs. Walter E. Patrie
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-17-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 11 9 52 AM '76

State of ..... } ss.
County of ..... }

Certificate No. 99917

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Cecil P. Robinson (Name on Original Certificate) who was born (Was Born or Died) on March 25, 1922 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs middle name	P	Palmer

Subscribed and sworn to before me this 30th day of April, 19 76

Notary Public, residing at 1247 Pearl St., Bldr., CO.
My commission expires My Commission expires Aug. 19, 1978
(Seal)

Signed Cecil Palmer Robinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado } ss.
County of Boulder }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of April, 19 76

Notary Public, residing at 1247 Pearl St., Bldr., CO.
My commission expires My Commission expires Aug. 19, 1978
(Seal)

Signed Carol Robinson
(Signature of Any Credible Person)

370 Overlook Dr Boulder Co
(Street Address, City, State)

Special Orders #208, Army Air Forces, Stout Field, Indianapolis, Indiana lists Sgt. Cecil Palmer Robinson in the 60th Troop Carrier Squadron. viewed by V.S

JUN 21 1976

Special Orders #188 dated 12 July 1943, Hq. XL AF Service Command, Seattle, Wn. Lists SLT Cecil Palmer Robinson with 42nd Troop Carrier Sq. viewed by V.S/

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
JUN 26 1958
Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth ~~Death~~

State of IDAHO
County of BINGHAM } ss.

Certificate No. 9991

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Cecil P. Robinson (Name on Original Certificate) who born (Was Born or Died) on March 25, 1922 (Date of Event),
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex of Child	Female	Male

Subscribed and sworn to before me this 24TH day of JUNE, 1959

Notary Public, residing at BLACKFOOT, IDAHO
My commission expires 2-5-59
(Seal)

Signed Mary J. Robinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

534 W. JUDICIAL, BLACKFOOT, IDAHO
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of BINGHAM } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24TH day of JUNE, 1958

Notary Public, residing at BLACKFOOT, IDAHO
My commission expires 2-5-59
(Seal)

Signed Sarah Peterson
(Signature of Any Credible Person)

534 W. JUDICIAL, BLACKFOOT, IDAHO
(Street Address, City, State)

FORM DPH 55.155

L 6-19-58. one copy pd.

296-208-007-493

[redacted] CERTIFICATE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C [illegible]

CERTIFICATE OF BIRTH

County of Blaine

RECEIVED
APR 2 19
BUREAU OF VITAL STATISTICS

City of Hailey

Registration District No. 57

File No. 99918

No. ____ St.

Primary Registration District No. 2032

Registered No. 26

Hospital [redacted]

FULL NAME OF CHILD Thelma Jean Brooks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	3 8 1922

FATHER

FULL NAME Harvey M. Brooks

RESIDENCE Hailey, Idaho

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Sedalia, Mo.

OCCUPATION Clerk

MOTHER

FULL MAIDEN NAME Thelma Miller

RESIDENCE Hailey, Idaho

COLOR White AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE Tennessee

OCCUPATION Home work

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8.45 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Hailey, Idaho

Filed 3-15 1922 Robert H. Wright.

Registrar

Registrar

S-Y CO. 24659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

STATE

Boise, Idaho, MAY 8 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Hailey

Street: Main

County: Blaine

File Number: 99918

Registration Dist. No.:

Sex of Child: Female

Date of Birth: March 8th 192 2.

Father: Harvey M. Brooks
Full Name

Mother: Thelma Gertrude Tillar
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Thelma Jean Brooks
Child's Name in Full

Mrs. Harvey M. Brooks
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

764-12-007-689

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
APR 22 1922
BUREAU OF VITAL STATISTICS

County of Blaine

City of Gannett

Registration District No. 57 File No. 99919

No. ____ St. ____

Primary Registration District No. 2022 Registered No. 27

Hospital ____

FULL NAME OF CHILD Wm L. Poulson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	2	12	1922

FATHER

FULL NAME Wm F. Poulson

RESIDENCE Gannett, Ida

COLOR White AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Frances White

RESIDENCE Gannett, Ida

COLOR White AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 9 M. on the date above stated.

(Signature) Wm F. Poulson
Father
(Physician or midwife)

Address Gannett, Ida

Filed 3-30 1922 Robert H. Wright
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Apr 24 1942

791-126.007-267

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St. .....

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
APR 8 1922
BUREAU OF VITAL STATISTICS

Registration District No. 57 File No. 99920

Primary Registration District No. 2022 Registered No. 28

FULL NAME OF CHILD Norman LaVerne Gray

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	2 26 1922

FATHER		MOTHER	
FULL NAME	LaVerne R. Gray	FULL MAIDEN NAME	Sarah Adelia Boggs
RESIDENCE	Hailey, Ida	RESIDENCE	Hailey, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Bank Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:35 A. M. on the date above stated.
(Born alive, or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) Robert H. Wright. M.D.

(Physician or midwife)

Address Hailey, Ida.

Filed 3-1 1922 R. H. Wright.
Registrar

APR 29 1942

JUN 28 1950

OCT 8 1941

AUG 25 1971

792-115-007-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

BUREAU OF VITAL STATISTICS

County of Blaine

City of Gannett

Registration District No. 57 File No. 99921

No. ____ St.

Primary Registration District No. 2022 Registered No. 29

Hospital ____

FULL NAME OF CHILD James Elwood Gibson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
Male				Yes	3	15	22

FATHER		MOTHER	
FULL NAME	Fred A. Gibson	FULL MAIDEN NAME	Ira Katie Smith
RESIDENCE	Gannett, Ida	RESIDENCE	Gannett, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 A.M. on the date above stated.

(Signature) Mrs. Thomas

(Physician or midwife)

Address Gannett, Ida

Filed 3-30 19 22 Robert A. Wright Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19 ____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 16 1948

7 1944

499-127-007-253

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99922

County of Blaine

City of Hailey

No. ..... St.

Registration District No. 57 File No. .....

Primary Registration District No. 2022 Registered No. 30

Hospital .....

FULL NAME OF CHILD Robert Henry Mayer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	3 27 1922

FATHER		MOTHER	
FULL NAME	John Mayer (Deceased)	FULL MAIDEN NAME	Delia Bell
RESIDENCE	Hailey, Ida	RESIDENCE	Hailey, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	Saw mill owner	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or midwife)

Address Hailey, Ida

Given names added from a supplemental report.

..... 19....

Registrar

Filed 3-30 1922 Robert H Wright

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

P. C. 6/20/41

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
JUN 22 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, MAY 8 - 1922 192...

Dear Madam:

The name of your baby was not [illegible] the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Hailey

Street: River

County: Blaine

File Number: 99922

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Mar. 27 192.2

Father: John Henry Mizer (Full Name)

Mother: Celia Bell (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Robert Henry Mizer
Child's Name in Full

Mrs. John Mizer
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

445-120-007-249

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—25m-9-8-17

HO
TATISTICS
BIRTH

County of Blaine

City of Hailey

Registration District No. 57

File No. 99923

No. ..... St.

Primary Registration District No. 2022

Registered No. 31

Hospital ..... Donald Larry

FULL NAME OF CHILD Robert Delmar Dunn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	2	Yes	March 20 1929

FATHER		MOTHER	
FULL NAME	Fred Dunn	FULL MAIDEN NAME	Letha Burnell
RESIDENCE	Hailey Idaho	RESIDENCE	Hailey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive March 20, 1922 at 12:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. T. Brock

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Hailey Idaho

Filed 4-1 1922 Robert H. Wright
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 5 1955

796-216-0009 5312

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner
City of Sandpoint
No. ____ St.
Hospital ____

Registration District No. 16
Primary Registration District No. 155

File No. 99925
Registered No. ____

FULL NAME OF CHILD Merrie Louise Groves
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	4/16/22 ....192....

What bactericidal solution was used in eyes? AgNo3

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Charles Henry Groves	FULL MAIDEN NAME: Alverla May Case
RESIDENCE: Sandpoint	RESIDENCE: Sandpoint
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 57 (Years)	AGE AT LAST BIRTHDAY: 44 (Years)
BIRTHPLACE: Mo.	BIRTHPLACE: Colorado
OCCUPATION: Veterinarian	OCCUPATION: Hsw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) H R Wallentine

Physician
(Physician or midwife)

Address Sandpoint

Filed May 4 1922 Viola Gibbs
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 9 1972

663-124.0 99-715

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99926

County of Bonner

City of Elmira

No. ..... St. Registration District No. 78 File No. .....

Hospital ..... Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Loren Jessie Foley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	April 24 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Jessie Matthew Foley	FULL MAIDEN NAME	Buelah Gavillett
RESIDENCE	Elmira Idaho	RESIDENCE	Elmira Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R M Bowell

Physician
(Physician or midwife)

Address Bonners Ferry Idaho

Give names added from a supplemental report.

....., 19.....

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Registrar.

Filed May 4 1922 Viola Allen
Dept. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

662-230-009-766

PLACE OF BIRTH

RECEIVED
MAY 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99927

County of Bonner
City of Sandpoint, Idaho
No. ..... St.
Hospital City

Registration District No. 78
Primary Registration District No. 2155
File No. .....
Registered No. .....

FULL NAME OF CHILD Margaret Cecilia Foster
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	April 30 1922

What bactericidal solution was used in eyes? Argyrol 50%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Jacob A. Foster	FULL MAIDEN NAME	Othelia Goodman
RESIDENCE	318 6th Sandpoint	RESIDENCE	318 6th Sandpoint
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Lemburg, Austria	BIRTHPLACE	Wash
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:05 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) .....
(Physician or midwife)

Address Sandpoint, Ida

Filed May 4 1922 Viola Allen
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 5 1966
OCT 17 1966

241-225-009-319

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 99928

County of Bonner
City of Sandpoint
No. ..... St.
Hospital
Registration District No. 78
Primary Registration District No. 2155
Registered No.

FULL NAME OF CHILD Mary Elizabeth Brackett
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	April 25 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Peter D. Brackett	FULL MAIDEN NAME: Mattie Larson
RESIDENCE: Sandpoint	RESIDENCE: Sandpoint
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Washington	BIRTHPLACE: Illinois
OCCUPATION: Farmer	OCCUPATION: Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:05 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Rayner M.D.
(Physician or midwife)

Address Sandpoint

Give names added from a supplemental report.

....., 19.....

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Registrar.

Filed May 4 1922 Viola Allen
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR

655-212-009-449

PLACE OF BIRTH

RECEIVED MAY 6 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99929

County of Bonner

City of Sandpoint

No. 915 Main St.

Registration District No. 76

File No.

Hospital —

Primary Registration District No. 2155

Registered No.

FULL NAME OF CHILD Helen Elsie Wendt.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes.	April 12 — 1922

What bacteriedal solution was used in eyes? Argyrol 10%.

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME Gustav Wendt.	FULL MAIDEN NAME Catherine Murr.
RESIDENCE 915 Main St. Sandpoint	RESIDENCE 915 Main St. Sandpoint.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 48 (Years)	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Germany.	BIRTHPLACE Germany.
OCCUPATION Trucking	OCCUPATION Hwf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 5:15 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse M.D.
(Physician or midwife)

Address Sandpoint

Filed May 4 1922 Viola Allen Deputy Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 10 1954

DECEASED

381-112-009-514

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner. Registration District No. 78 File No. 99930

City of Sandpoint. MAY 6 1922

No. 514-N-3rd BUREAU OF VITAL STATISTICS

Hospital — Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Eugene Fre. Chapen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	April 12 1922

What bactericidal solution was used in eyes? Argyrol 10%.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	James D. Chapen	FULL MAIDEN NAME	Lusille Sathryn Eamen.
RESIDENCE	Porthill.	RESIDENCE	Porthill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	22.
BIRTHPLACE	Kenno Colo.	BIRTHPLACE	Cranbrook B.C.
OCCUPATION	Stationary Engineer.	OCCUPATION	Hwf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 12.15 P. M. (Born alive ~~or stillborn~~) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse M.D.
(Physician or midwife)

Address Sandpoint

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed May 4 1922 Viola Allen Dept.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 5 1947

463-21-009-813

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner
City of Sandpoint
No. ____ St.
Hospital ____

Registration District No. 78
Primary Registration District No. 2155
File No. 99931
Registered No. ____

FULL NAME OF CHILD Louise Juanita Mott
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	4/18/22 192...

What bactericidal solution was used in eyes? AgNo3

Number of child of this mother, including present birth 4 — Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Le Roy Mott	FULL MAIDEN NAME	Helen Mabel Halverson
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	~~Minn.~~ Iowa	BIRTHPLACE	Neb.
OCCUPATION	fireman, city.	OCCUPATION	Haw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) M R Wallentine
physician
(Physician or midwife)
Address Sandpoint

Filed May 4 1922 Viola Allen Deputy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

816-210-009-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99932

County of Bonner

City of Selle, Ida.

No. ..... St.

Registration District No. 78 File No. .....

Hospital ..... Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Ethel Eleonora Hawkins
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes.	April 10, 1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John August Hawkins	FULL MAIDEN NAME	Anna Smith
RESIDENCE	Selle, Ida.	RESIDENCE	Selle, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	46
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Give names added from a supplemental report.

K ....., 19....

Registrar.

Address Sandpoint, Ida.

Filed May 4 1922 Viola Allen Dept. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 1957

MAR 5 1968

15X-118 COF-385

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 99933

County of Bonner

City of Sandpoint, Ida.

No. 424 Superior St. Registration District No. 78 File No.

Hospital Lancasters Primary Registration District No. 2155 Registered No.

FULL NAME OF CHILD Donald Edward Anderson
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes.	April 18 1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Edward Anderson	FULL MAIDEN NAME: Alice M. Lynge
RESIDENCE: Kootenai, Ida.	RESIDENCE: Kootenai, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Wahpeton, N. Da.	BIRTHPLACE: Chicago
OCCUPATION: Rancher	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 A. M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd G. Wendle M.D.
(Physician or midwife)

Address Sandpoint, Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed May 4 1922 Viola Allen Dept.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 12 1942

c.c. 3/23/41. W.L.

315-201-009-231

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99934

County of Bonner

City of Sandpoint

No. 514 N. 2nd

Registration District No. 75

File No.

Hospital City

Primary Registration District No. 2155

Registered No.

FULL NAME OF CHILD Roselle Edith Lane
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	April 1st 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Herman Lane	FULL MAIDEN NAME: Adele Stag
RESIDENCE: 420 North 2nd	RESIDENCE: 420 North 2nd
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 48 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Wisconsin	BIRTHPLACE: Wisconsin
OCCUPATION: Lumberman	OCCUPATION:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) **, at** 8.40 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) O. F. Pagnard
(Physician or midwife)

Address Sandpoint, Idaho

Filed May 4 1922 Viola Allen
Dept. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 8 1942

249-11C-009-613

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99935

County of Bonner

City of Sandpoint

No. ____ St.

Registration District No. ____ File No. ____

Hospital ____ Primary Registration District No. 3155 Registered No. ____

FULL NAME OF CHILD Ellis Floyd Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	4/10 2

What bactericidal solution was used in eyes? AgNo3

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER	MOTHER
FULL NAME Daymond Claude Smith	FULL MAIDEN NAME Lena Decia Watson
RESIDENCE Sandpoint	RESIDENCE Sandpoint
COLOR W	AGE AT LAST BIRTHDAY 36 (Years)
COLOR W	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Ore.	BIRTHPLACE Ore.
OCCUPATION Laborer	OCCUPATION Hsw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) .....

Physician
(Physician or midwife)

Address Sandpoint

Filed May 7 1923 Dora Allen
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 17 1941

291-108-009-Gr 3

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99936

County of Bonner

City of Sandpoint

No. ..... St.

Registration District No. 76 File No. .....

Hospital City Hospital

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD William Walter Kramer
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	April 8 1922

What bactericidal solution was used in eyes? AgNo3

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 8

FATHER	MOTHER
FULL NAME Herman Kramer	FULL MAIDEN NAME Mabel Waterman
RESIDENCE Sandpoint	RESIDENCE Sandpoint
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 48 (Years)	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Wis.	BIRTHPLACE N.D.
OCCUPATION laborer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) [illegible]

Physician
(Physician or midwife)

Address Sandpoint

Filed May 4 1922 Viola Allen
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 7 1964

753-206-009-235

PLACE OF BIRTH

RECEIVED MAY 10 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Priest River Ida

No. ..... Registration District No. 85 ..... File No. 399937

Hospital ..... Primary Registration District No. 2185 ..... Registered No. 147

FULL NAME OF CHILD Joyce Isabella Peterson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
7		Yes	Apr 6 1922

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Joseph Peterson	FULL MAIDEN NAME	Bertha Stedman
RESIDENCE	Priest River Ida	RESIDENCE	Priest River Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ohio	BIRTHPLACE	Ind.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Getzloff

Physician
(Physician or midwife)

Address Priest River Ida

Filed May 1 1922 C. P. Getzloff
Registrar.

Given names added from a supplemental report.

....., 192....

.....
Registrar.

APR 19 1948

532-107-009-692

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED 1922

CERTIFICATE OF BIRTH

99938

County of Bonner

City of Priest River,

No. ..... St.

Hospital Priest River, Hospital

Registration District No. 85

Primary Registration District No. 2185

File No. 3

Registered No. 1848

FULL NAME OF CHILD Albert Lee Elkins
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	April 7th 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ike Elkins	FULL MAIDEN NAME	Susan Vera Fisher
RESIDENCE	Newport, Idaho.	RESIDENCE	Nrwport, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Tenn.	BIRTHPLACE	Wis.
OCCUPATION	Logging contractor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Getzloff MD

Physician (Physician or midwife)

Address Priest River, Ida.

Filed May 1 1922 C. P. Getzloff Registrar.

Give names added from a supplemental report.

..... 192....

..... Registrar.

... one child at birth a SEPARATE RETURN must be made ... and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 99938

State of Idaho } ss.
County of Bonner }

Date Filed Sept 23, 1942

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) for Albert Lee Elkins (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on April 7, 1922 (DATE OF EVENT) in Priest River, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name		Albert Lee Elkins
Date	April 6th	April 7, 1922

Subscribed and sworn to before me this 30 day of September, 1942

E. J. Sheldon
Notary Public, residing at Newport, Wash.
My commission expires June 23, 1944
(SEAL)

Signed Mrs. D. A. Elkins
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Pend Oreille }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of September, 1942

E. J. Sheldon
Notary Public, residing at Newport, Wash.
My commission expires June 23, 1944
(SEAL)

Signed Mrs. Cora E. Fisher
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

OCT 5 1942

817-107-009-893

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99939

County of Bonner

City of Priest River Ida

No. ____ St.

Registration District No. 85 File No. 3

Hospital ____ Primary Registration District No. 2185 Registered No. 149

FULL NAME OF CHILD Frank Albert Hagman

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Apr 7 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Arthur Hagman	FULL MAIDEN NAME	Gladys Hill
RESIDENCE	Priest River Ida	RESIDENCE	Priest River Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Minn
OCCUPATION	Drayman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:35 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [redacted]

Physician (Physician or midwife)

Address Priest River Ida

Filed May 1 1922 [redacted] Registrar.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

6-27-41

449-117004-317 20% Crystal in Eye

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Priest River, Registration District No. 85 File No. 99940

No. St.

Hospital Priest River Hospital. Primary Registration District No. 2185 Registered No. 150

FULL NAME OF CHILD Robert Charles Murray

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	April 17 1922 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Charles Murray	FULL MAIDEN NAME Elvina Capri
RESIDENCE Priest river, Ida.	RESIDENCE priest River, Ida.
COLOR White AGE AT LAST BIRTHDAY 29 (Years)	COLOR White AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Idaho.	BIRTHPLACE Idaho.
OCCUPATION Woodsmen	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Getzloff M.D.

Priest River, Idaho. (Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed May 1 1922 C. P. Getzloff Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1942

168-122-009-799 26/c Ward Ge

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneer

City of Priest River,

Registration District No. 85 File No. 99941

No. St.

Primary Registration District No. 2185 Registered No.

Hospital Priest River.

FULL NAME OF CHILD Gloria Naomi Johnston

Sex of Child XXXXX Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth April (Month) 22 (Day) 19 22 (Year)

FATHER		MOTHER	
FULL NAME	Archie Johnston	FULL MAIDEN NAME	Reva Griswald
RESIDENCE	Huntington Ore.	RESIDENCE	Huntington, Ore
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Cal.	BIRTHPLACE	XXX Idaho.
OCCUPATION	Switchman R.R.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2. XX P.M on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Getzloff

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Priest River, Idaho.

Registrar

Filed May 1 1922 C P Getzloff Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-22009 559

20 Argyrol used in eyes

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99942

County of Boiner

City of Priest River, Registration District No. 85 File No. 3

No. ____ St.

Hospital Priest River Hosp. Primary Registration District No. 2185 Registered No. 152

FULL NAME OF CHILD Tessie Landerdahl

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				Yes	April 22 1922

FATHER	MOTHER
FULL NAME: Walter Landerdahl	FULL MAIDEN NAME: Celia Neilson.
RESIDENCE: Priestriver, Ida,	RESIDENCE: priest River, Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: S.D.	BIRTHPLACE: N.D.
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) [signature]

Physician

(Physician or Midwife)

Address priest River, Ida,

Filed May 12 1922 [signature] Registrar

344-1271009-968 Argyre 20/20 w Eye

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bonner

CERTIFICATE OF BIRTH

99943

City of Priest River, Ida.

Registration District No. 85 File No. 3

No. St.

Primary Registration District No. 2185 Registered No. 153

Hospital

FULL NAME OF CHILD Edward Ray Ludwig

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	April 27. 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Ludwig	FULL MAIDEN NAME	Josephine Zoyer
RESIDENCE	Laclede, Ida.	RESIDENCE	Laclede Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Ia.
OCCUPATION	Barber	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.20 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Getzloff

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Priesr River, Ida.

Registrar

Filed May 1 1922 19 C. P. Getzloff Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-228-009-365 281 Ag 2 8

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 99944

County of Bonner

City of Priest River Ida

No. ..... St. Registration District No. 85 File No. 3

Hospital ..... Primary Registration District No. 2185 Registered No. 154

FULL NAME OF CHILD Laura Veltri
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Apr 28 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Tony Veltri	FULL MAIDEN NAME	Mary Concielliere
RESIDENCE	Priest River Ida	RESIDENCE	Priest River Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Italy	BIRTHPLACE	Canada
OCCUPATION	Shoemaker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address Priest River Ida

Filed May 1 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

954-230-009-459 / E Mercer Bronc - Eye

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Priest River, Registration District No. 85 File No. 99945

No. St.

Hospital Priest River, Ida, Primary Registration District No. 2185 Registered No.

FULL NAME OF CHILD Florence Marie Rembowski

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	April (Month) 30 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Leo Rembowski	FULL MAIDEN NAME	Lucille Mercer
RESIDENCE	Laclede, Idaho	RESIDENCE	Laclede, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	M Wis.
OCCUPATION	Pool moon Operator	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Priest River, Ida

Filed May 1 1922 19

Registrar [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

436-117-009-366

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99946

County of Bonner

City of Sandpoint

No. ..... St.

Registration District No. 78 File No. .....

Hospital .....

Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD John Irvin McFarland
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	yes	2-17 1922

What bactericidal solution was used in eyes? Argyrol 25%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Earl McFarland	FULL MAIDEN NAME	Amelia Alice Lowry
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Neb.	BIRTHPLACE	So. Dak.
OCCUPATION	Bookkeeper	OCCUPATION	Hsw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N R Wallentine

Physician
(Physician or midwife)

Address Sandpoint

Filed April 6 1922 Floyd Wendle
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-1-41

238-105-009-238

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99947

County of Bonner

City of Sandpoint

No. ..... St.

Registration District No. 76 File No. .....

Hospital City

Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD John Elsworth Schulze
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 5 1922

What bactericidal solution was used in eyes? 5% Argirol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Max Herman Schulze	FULL MAIDEN NAME	Edith Inez Syler
RESIDENCE	Hope, Ida	RESIDENCE	Hope, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Spokane, Wash
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

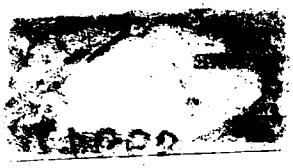
..... Registrar.

(Signature) Floyd Wendle M.D.
(Physician or midwife)

Address Sandpoint Ida

Filed April 6 1922 Floyd Wendle
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



547-108-009689

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 99948

County of Bonner

City of Sandpoint

No. 404 Superior St.

Hospital

Registration District No. 78

Primary Registration District No. 2155

Registered No.

FULL NAME OF CHILD James Frances Vogel

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			yes	March 8 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Frank Vogel	FULL MAIDEN NAME	Mary Ann White
RESIDENCE	Clarkfork.	RESIDENCE	Clarkfork.
COLOR	white.	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Clarkfork.	BIRTHPLACE	Chicago
OCCUPATION	Rancher.	OCCUPATION	Hsf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 2:00 P. M. (Born alive or ~~stillborn~~) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) C. P. Staschausen M.D.
(Physician or midwife)

Address Sandpoint

Filed April 6 1922 Floyd Weadle
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-109-009-469

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED APR 21 1922 BUREAU

County of Bonner

City of Hope

No. — St.

Registration District No. 78 File No. 99949

Hospital —

Primary Registration District No. 2105 Registered No.

FULL NAME OF CHILD Robert Rex Berkey

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			Yes.	3 – 9 – 1922

What bactericidal solution was used in eyes? None.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Harold Nelson Berkey	FULL MAIDEN NAME	Teddie Louise Morin
RESIDENCE	Hope.	RESIDENCE	Hope.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	DuBoise, Pa.	BIRTHPLACE	Harrison Co. Mo.
OCCUPATION	Farmer.	OCCUPATION	Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Harold N. Berkey

Informant – Father

(Physician or midwife)

Address Hope, Idaho

Filed April 6 1922 Floyd Wendle
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 9 1941

253-112-009-815

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 99951

County of Bonner

City of Sandpoint, Ida

No. ..... St.

Registration District No. 78 File No. .....

Hospital Lancastera Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Ertle W. Belville

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	and		Yes	March 15 1922

What bactericidal solution was used in eyes? Argyrol 5%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Everett Dell Belville	FULL MAIDEN NAME	Vera Haviland
RESIDENCE	Hope, Ida	RESIDENCE	Hope, Ida
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Blackfoot, Ida	BIRTHPLACE	Mechling S. Da.
OCCUPATION	Ranch worker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd Wendle M.D.

(Physician or midwife)

Address Sandpoint Ida

Filed April 6 1922 Floyd Wendle

Registrar.

Give names added from a supplemental report.

....., 19.....

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Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 27 1972

FEB 17 1943

29-222-1009-416

PLACE OF BIRTH

RECEIVED APR 11 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Morton, Ida. (or Rural)

No. ..... St.

Registration District No. 78 File No. 99952

Hospital ..... Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Florence Irma Bracy

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	March 22 1922

What bactericidal solution was used in eyes? Argyrol 5 o/o

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ernest Gilbert Bracy	FULL MAIDEN NAME	Agnes Mauch
RESIDENCE	Morton Ida	RESIDENCE	Morton, Ida
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Thayer Co. Neb.	BIRTHPLACE	Sundance, Wyo
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 A M. on the date above stated.

(Signature) Hoyt E. Kendle

(Physician or midwife)

Address Sandpoint Ida

Filed April 6 1922 Hoyt Kendle Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1922-201860

195-223-009-245

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99953

County of Bonner

City of Sandpoint

No. ..... St.

Hospital Central

Registration District No. 76 File No. .....

Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Sylvia Greenfield
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	3 - 13 - 1927

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME Anthony Bremen Greenfield	FULL MAIDEN NAME Caroline Buettner
RESIDENCE 714 Poplar - Sandpoint	RESIDENCE 714 Poplar Sandpoint
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Ill.	BIRTHPLACE Iowa.
OCCUPATION Plumber & Electrician	OCCUPATION Hsf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse M.D.
(Physician or midwife)

Address Sandpoint

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed April 6 1927 Floyd Wendle
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318-128-009-314

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 1 1922
VITAL

CERTIFICATE OF BIRTH

99954

County of Bonner
City of Westmond Ida
No. ..... St.
Registration District No. 78
File No. .....
Hospital .....
Primary Registration District No. 2155
Registered No. .....

FULL NAME OF CHILD Charley Joseph Taylor
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 28 1922

What bactericidal solution was used in eyes? none

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Chas Taylor	FULL MAIDEN NAME	Sarah Lambert
RESIDENCE	Westmond	RESIDENCE	Westmond
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Ill.	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles Taylor
Informant
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed April 6 1922 Floyd Wendle
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

559-128-109-632

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99955

County of Bonner
City of Sandpoint
No. ____ St.
Hospital
Registration District No. 78
Primary Registration District No. 2155
File No.
Registered No.

FULL NAME OF CHILD Gustav Verdale
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	3-28-1922

What bactericidal solution was used in eyes? Ag NO3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ole Verdale	FULL MAIDEN NAME	Clara Olson
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Laborer	OCCUPATION	Home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was male, at 4 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. T. Wallentine
Physician
(Physician or midwife)
Address Sandpoint

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed April 6 1922 Floyd Wardle
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

491-101-009-368

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

REC... APR 2...

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint, Ida.

No. ..... St.

Hospital .....

Registration District No. 78 File No. 99956

Primary Registration District No. 2155 Registered No. .....

FULL NAME OF CHILD Lawrence ~~Claude~~ Claude Diamond
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	2 and 1 (To be answered only in event of plural births)	yes	3-1-1922

What bactericidal solution was used in eyes? $AgNO_3$

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Robert Stewart Diamond	FULL MAIDEN NAME	Martha Sohf
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	W AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Germany
OCCUPATION	Fox rancher	OCCUPATION	Hon

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. P. Watkins
physician
(Physician or midwife)

Address Sandpoint

Filed April 6 1922 Floyd Wendle
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 8 1952

295-215-009962

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Laclede

Registration District No. 81

File No. 5 99957

No. ×××××× St.

Primary Registration District No. 2155

Registered No. 196

Hospital ××××××

FULL NAME OF CHILD Helen Janice Brink

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	— (To be answered only in event of plural births)	1st.	Yes	Feb 15 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	S. L. Brink	Irma Robson
RESIDENCE	Laclede Ida	Laclede, Ida
COLOR	white	White
AGE AT LAST BIRTHDAY (Years)	23	20
BIRTHPLACE	Columbus. Neb.	White Hall. Mont.
OCCUPATION	Lumber grader	Housewife -

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:00 a. M. on the date above stated.

(Signature) F. W. Didier M.D.

(Physician or midwife)

Address Laclede, Ida

Filed Feb 19 1922 F. W. Didier
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

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×××××× .....

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 4 1945

APR 11 1975

553-1231009-655

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Laclede Ida.

Registration District No. 81

File No. 99958

No. x x x x x St.

Primary Registration District No. 2155

Registered No. 200

Hospital

FULL NAME OF CHILD Raffaele Veltri

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	x x x	2	yes	Mch 23 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joe Veltri	FULL MAIDEN NAME	Theresina Ferrara
RESIDENCE	Laclede, Ida.	RESIDENCE	Laclede, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Storekeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Didier

MD.
(Physician or midwife)

Address Laclede, Ida.

Filed 3/30 1922 F. W. Didier
Registrar

Given names added from a supplemental report.

x x x x x 19

x x x x x
Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-215-009-391

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99959

County of Bonner

City of Bauyer

Registration District No. 81

File No.

No. × × × × × St.

Primary Registration District No. 2155

Registered No. 177

Hospital × × × ×

FULL NAME OF CHILD Lillie Berena Mae Hart

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Girl	× ×	1	yes	May 15 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. Wm Hart	FULL MAIDEN NAME	Edna May Crabb
RESIDENCE	Bauyer	RESIDENCE	Bauyer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	North Dak.	BIRTHPLACE	Okla.
OCCUPATION	Laborer	OCCUPATION	Laborers wife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11-00 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fee Dedier MD.

(Physician or midwife)

Address Ladede Ida.

Given names added from a supplemental report.

× × × × × 19...

× × × × ×

Filed 4/2 1922 Fee Dedier

Registrar

Registrar

S-Y-CO. 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1965

465-220-009-986

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Laclede Ida

Registration District No. 81 File No. 799960

No. x x x x x St.

Primary Registration District No. 2155 Registered No. 198

Hospital x x x x

FULL NAME OF CHILD Della Marie Donohue

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F.	—	2d.	yes	Mch 20 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Tom Donohue	FULL MAIDEN NAME	Riva Rhodes
RESIDENCE	Bonner County near Sarayer Ida.	RESIDENCE	Bonner County
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	minnesota	BIRTHPLACE	michigan
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Didier MD

(Physician or midwife)

Given names added from a supplemental report.

x x x x 19

x x x x x

Registrar

Address Laclede Ida

Filed Mch 30 1922 F W Didier

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH 242-129-009-454

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sawyer

Registration District No. 81 File No. 1 99961

No. ..... St.

Primary Registration District No. 2155 Registered No. 192

Hospital .....

FULL NAME OF CHILD John Antone Bushe

Sex of Child male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? | Date of Birth Jan 19 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Bushe	FULL MAIDEN NAME	Ora Demers
RESIDENCE	sawyer	RESIDENCE	sawyer
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Menominee Mich.	BIRTHPLACE	Rice Lake Wisc
OCCUPATION	teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was aline (Born alive or stillborn) at 3:25 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Didier MD

(Physician or midwife)

Given names added from a supplemental report.

x x x x x 19 x

x x x x x x

Registrar

Address Laclede Ida

Filed 2/7 19 22 F W Didier

Registrar

S-Y-CO 38071

999-225-009-813

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

99962

County of Bonner

City of Morton Ida.

No. x x x x St.

Hospital x x x x x

Registration District No. 81 File No. 2

Primary Registration District No. 2155 Registered No. 193

FULL NAME OF CHILD Flora Opal Irish

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	Single (To be answered only in event of plural births)		1	yes	Jan 25 1922

FATHER		MOTHER	
FULL NAME	abner Geo Irish	FULL MAIDEN NAME	Hazel Marie Hall
RESIDENCE	near Morton Ida	RESIDENCE	near Morton Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	minneapolis Minn	BIRTHPLACE	missouri
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Dedrick M.D.

(Physician or midwife)

Address Morton Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 1/31 1922 H. W. Dedrick

Registrar

8-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 21 1955

145-109-009-239

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Laclede Ida.

Registration District No. 81

File No. 4 99963

No. x x x x St.

Primary Registration District No. 2155

Registered No. 195

Hospital x x x

FULL NAME OF CHILD Walter Joel Ames

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	—	2	yes	Feb 9 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter Joel Ames	FULL MAIDEN NAME	Elfrieda Strecker
RESIDENCE	near Wrencoe, Ida.	RESIDENCE	near Wrencoe. Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Wisconsin	BIRTHPLACE	Chicago Ill
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Didier

M.D.

(Physician or midwife)

Given names added from a supplemental report.

x x x x 19

x x x x

Registrar

Address Laclede Ida.

Filed 2/9 22 F. W. Didier

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/6/41. w.h.

MAR 8

863-211-009-469

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

County of Bonner

City of Hope, Ida

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

99964

Registration District No. 80 File No. 1

Primary Registration District No. 2157 Registered No. 46

FULL NAME OF CHILD Norma Clair Holliday
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Jan 11 1922

What bactericidal solution was used in eyes? Argyrol 5 o/o

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Paul C Holliday	FULL MAIDEN NAME	Madge Morris
RESIDENCE	Hope, Ida	RESIDENCE	Hope, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Brookings, S.D.	BIRTHPLACE	Harris, Mo.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd Wendle M.D.
(Physician or midwife)

Address Sandpoint Ida

Filed March 4 1922 John Larson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

439-1141009-791

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99966

County of Bonner

RECEIVED APR ... BUREAU OF VITAL STATISTICS

City of Newport

Registration District No. 85 File No. 3

No. ..... St.

Primary Registration District No. 2185 Registered No. 140

Hospital .....

FULL NAME OF CHILD Philo Valentine McIver

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Feb (Month) 14 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	John McIver	FULL MAIDEN NAME	Laura Gladys Graham
RESIDENCE	Near Newport	RESIDENCE	Near Newport
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Wash.
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr V. C. Cleveland

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Newport

Registrar

Filed Apr 1 1922 C. P. Getzloff Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

632-108-009-313

PLACE OF BIRTH

RECEIVED
APR 2[illegible] 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

99967

CERTIFICATE OF BIRTH

County of Bonner

City of Priest River Ida

No. ..... St.

Registration District No. 85 File No. 3

Hospital ..... Primary Registration District No. 2185 Registered No. 141

FULL NAME OF CHILD Lindley Carroll Olson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes	Mar 8 1922

What bactericidal solution was used in eyes? Argyrol 20 %

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Carroll Olson	FULL MAIDEN NAME	Florence Callihan
RESIDENCE	Priest River Ida	RESIDENCE	Priest River Ida
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	No	BIRTHPLACE	Wash
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:05 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Getzloff
Physician
(Physician or midwife)

Address Priest River Ida

Filed Apr 1 1922 C. F. Getzloff
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-219-009-475

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STAT

CERTIFICATE OF BIRTH

99968

County of Bonner

City of Priest River Ida

No. ..... St.

Registration District No. 65 File No. 3

Hospital ..... Primary Registration District No. 2185 Registered No. 142

FULL NAME OF CHILD Francis Krueger

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.				Yes	Mar 19 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	William Krueger	FULL MAIDEN NAME	Catherine McNulty
RESIDENCE	Priest River Ida	RESIDENCE	Priest River Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Iowa	BIRTHPLACE	Minn
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.58 A. M. on the date above stated.

(Born alive or stillborn)

(Signature) [signature]

Physician

(Physician or midwife)

Address Priest River Ida

Filed Apr 1 1922 [signature]

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 18 1972

152-112-009-864

PLACE OF BIRTH Amended 12/31/73

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99969

County of Bonner

City of Priest River Ida

No. ..... St.

Registration District No. 85

File No. 3

Hospital Priest River

Primary Registration District No. 2185

Registered No. 143

FULL NAME OF CHILD Frank H. Anselmo, Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	Mar 12 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Frank Anselmo	FULL MAIDEN NAME	Inez Young
RESIDENCE	Priest River Ida	RESIDENCE	Priest River Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Idaho	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:55 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Getzloff

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

Registrar.

Address Priest River Ida

Filed Apr 1 1922 C. J. Getzloff
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 26 1971

4-15-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
APR 21 1971
Bureau of Vital Statistics

State of Idaho } ss.
County of BONNER

Certificate No. 99969

Date Filed

The undersigned does solemnly swear that certain Statistical on the certificate of Birth (Birth or Death)
for Junior Frank Anselmo (Name on Original Certificate) who was born (Was Born or Died) on March 12, 1922 (Date of Event)
in Priest River, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Junior Frank Anselmo	Frank Howard Anselmo, Jr.
		FRANK H. ANSELMO, JR.

Subscribed and sworn to before me this 19TH day of APRIL, 1971

Notary Public, residing at SANDPOINT
My commission expires 1-12-74
(Seal)

Signed Mrs. Ines Anselmo
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of BONNER

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19TH day of APRIL, 1971

Notary Public, residing at SANDPOINT
My commission expires 1-12-74
(Seal)

Signed Tony Jachetta
(Signature of Any Credible Person)

Priest River, Ida.
(Street Address, City, State)

FORM DH 60-155 C.C. (A) 1 copy pd

JUN 1 1971

Marriage License from state of Idaho, State File No. 12505 gives groom's name as Frank H. Anselmo, Jr. and the bride's name as Avis Naccarato. Dated October 6, 1948. Married October 9, 1949. Signed by Bartholomew McCarthy, Catholic Priest. Viewed by V. S.

DEC 31 1973

New World Life Insurance Policy gives insured's name as Frank H. Anselmo, Jr. Dated Dec. 29, 1938. Signed by Ronnie C. Burton, Sec. Viewed by V. S.

Application to insurance policy gives name as Frank Howard Anselmo born March 12, 1922. dated Dec. 20, 1938. Viewed by V. S.

795-216-009-254

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 99970

County of Bonner
City of Priest River Ida
No. ..... St.
Hospital .....

Registration District No. 85
Primary Registration District No. 2185
File No. 3
Registered No. 144

FULL NAME OF CHILD Helen Marie Gregory
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Mar 16 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ray Gregory	FULL MAIDEN NAME	Lexie Steer
RESIDENCE	Priest River Ida	RESIDENCE	Priest River Ida
COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Tenn	BIRTHPLACE	Mich
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Getzloff
Physician
(Physician or midwife)

Address Priest River, Ida

Filed Apr 1 1922 C. P. Getzloff Registrar.

Give names added from a supplemental report.

....., 192....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 27 1987

SY3-107-009-493

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99971

County of Bonners

City of Newport

Registration District No. 85 File No. 3

No. ..... St.

Primary Registration District No. 2185 Registered No. 146

Hospital

FULL NAME OF CHILD Robert C. Eaton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Mch (Month) 7 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Ralph J Eaton	FULL MAIDEN NAME	Lillian Mills
RESIDENCE	Newport	RESIDENCE	Newport
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Iowa	BIRTHPLACE	Alberta
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:00 A.M., on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. V. C. Cleveland

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Newport, Wn.

Filed April 1 1922

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

284-219.009-296

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bonners

CERTIFICATE OF BIRTH

99972

City of Newport

Registration District No. 85 File No. 3

No. ..... St.

Primary Registration District No. 2185 Registered No. 146

Hospital

FULL NAME OF CHILD Lorene Pauline Shull

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Mch (Month) 19 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Harold P. Shull	FULL MAIDEN NAME	Evelyn Brown
RESIDENCE	Newport	RESIDENCE	Newport
COLOR	W AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W AGE AT LAST BIRTHDAY 16 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Mich -
OCCUPATION	Lumberman	OCCUPATION	House wife -

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 45 a.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. V. C. Cleveland

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Newport

Filed April 1 1922

C. P. Getz

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
MAR 3 10 11 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Coos

Certificate No. 99972

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Shull (Name on Original Certificate) who born (Was Born or Died) on March 19, 1922 (Date of Event)
in Newport, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lorene Pauline Shull

Subscribed and sworn to before me this 13th day of
May, 19 59 M. Cook
Notary Public, residing at Coos Bay, Oregon
My commission expires 11-1-62
(Seal)

Signed Evelyn Pauline Brown Shull
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Pend Oreille

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of
Sept., 19 60
Notary Public, residing at Newport
My commission expires Oct 18, 1964
(Seal)

Signed Minnie M. Cowell
(Signature of Any Credible Person)

Newport Wn Rt 2 Box 5
(Street Address, City, State)

FORM DPH 55.155 NNCL 12-19-58. nm

Certif. of Baptism and Confirmation from LDS Church gives name as Lorene Pauline Keough daughter of Harold Shull and Evelyn Brown. Born March 19, 1922 at Newport, Washington. Was Baptized Oct. 6, 1956 and Confmd. Oct. 7, 1956. Viewed by V. S.

State of Idaho Public School Diploma from Bonner County gives name as Lorene Pauline Shull. Dated May 15, 1936. Viewed by V. S.

APR 4 1972

999-216-009-555

20% Argyrol used in eyes.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Laclede, Idaho

Registration District No. ..... File No. 99973

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Fern Irish.~~ IRENE DOROTHY IRISH

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	April 16 1922

FATHER		MOTHER	
FULL NAME	Bloomfield Irish.	FULL MAIDEN NAME	Dorthy Ventling.
RESIDENCE	Laclede,	RESIDENCE	Laclede
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	S.D.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician* (Physician or midwife)

Given names added from a supplemental report.

x x x x x 19 +

x x x x x x

Registrar

Address Priest River, Idaho.

Filed 4/22 - 1922 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss. Certificate No. 99973

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Fern Irish (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on 16 April 1922 (DATE OF EVENT)

in Lac Cede Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Fern Irish	Irene Dorothy Irish

Subscribed and sworn to before me this 1st day of August, 1943

Robt. D. McCrea

Notary Public, residing at NOTARY PUBLIC for the State of Idaho Residing at Sandpoint, Idaho My commission expires June 2, 1943

My commission expires .....

(SEAL)

Signed Mrs. Dorothy Venthing Irish

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.

County of Sanders }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of April, 1942

Marie Shield

Notary Public, residing at Hot Spring

My commission expires Aug 21 1942

(SEAL)

SIGN HERE

Signed Flora M. Venthing

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

SEP 8 1943

651-22C [redacted]

PLACE of [redacted]

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

APR 2[illegible] 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ~~Bonneville~~

City of Idaho Falls

Registration District No. 73

File No. 99974

No. ..... St.

Primary Registration District No. 2150

Registered No. 62

Hospital .....

FULL NAME OF CHILD ~~Selvia Lucille Weakly~~ SYLVIA LUCILLE WEAKLEY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Feruary ~~15~~ -20- 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	~~Frank C. Weakly~~ WEAKLEY	FULL MAIDEN NAME	Neba Shirley
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls. Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Hammond, Ind.	BIRTHPLACE	BurleyCo. Idaho
OCCUPATION	Truck driver	OCCUPATION	House keeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. A. Aupperle D.O.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Idaho Falls, Idaho

Filed Mar 17 1922

[signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of New York } ss.
County of " " }

Certificate No. 99974

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death) for (Name on Original Certificate) who (Was Born or Died) on (Date of Event) in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Selvia Lucile Weakly	Sylvia Lucille Weakley
Birth Date	Feb. 15, 1922	Feb. 20, 1922

Subscribed and sworn to before me this 15th day of June, 1944 JACOB LEVINE NOTARY PUBLIC

Notary Public, residing at

My commission expires

(Seal)

Signed Sylvia Weakley

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 27 1944

419-201-010-789

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bonneville APR 2 19 CERTIFICATE OF BIRTH

City of Idaho Falls

Registration District No. 73 File No. 99975

No. St.

Primary Registration District No. 2150 Registered No. 61

Hospital

FULL NAME OF CHILD Vera Ann Mais

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Feb. (Month) I (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Joseph J. Mais	FULL MAIDEN NAME	Eva Phillipp
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White AGE AT LAST BIRTHDAY 33 (Years)	COLOR	White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Kirksville, Mo.	BIRTHPLACE	Windom, Minn.
OCCUPATION	Farmer	OCCUPATION	House keeper

Number of child of this mother, including present birth ✓ Number of children of this mother now living, including present birth ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:30p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. A. Quppele D.O.

(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls, Idaho

19

Registrar

Filed Mar 17 1922 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

FEB 9 194

345-718-610-417

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99976

County of Bonneville

City of Idaho Falls, Idaho Registration District No. 73 File No.

No. St.

Primary Registration District No. 210 Registered No. 60

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	March 18 1922

FATHER		MOTHER	
FULL NAME	Dow Treasure	FULL MAIDEN NAME	Hazel Magleby
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9 1/4 0 P.M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) [signature]

Physician

(Physician or midwife)

Address Idaho Falls, Idaho

Filed Mar 21 1922 [signature]

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City ..... / Street ..... / County ..... }

File Number 99976

Registration Dist. No. .....

Sex of Child Male

Date of Birth .....192....

Father ..... (Full Name)

Mother ..... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

458-113.010.365

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99977

County of BONNEVILLE

City of

No. St.

Hospital

Registration District No. 73

File No.

Primary Registration District No. 21V-0

Registered No. V-9

FULL NAME OF CHILD MEYER
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
MALE		YES	3/13/22 192

What bactericidal solution was used in eyes? yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	ALBERT GEORGE MEYER	FULL MAIDEN NAME	MARY EVELYN LONG
RESIDENCE	OZONE RFD #1 IDAHO	RESIDENCE	S ME
COLOR	WHITE	COLOR	WHITE
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	WISCONSIN	BIRTHPLACE	PA
OCCUPATION	FARMER	OCCUPATION	HOUSEWIFE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was BORN ALIVE (Born alive or stillborn), at 1D A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F J ERNEST M D

(Physician or midwife)

Address Pocatello Idaho

Filed Mar 16 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-103-010-282

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99978

County of BONNEVILLE

City of

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2170 Registered No. 17

Hospital

FULL NAME OF CHILD Jack Elwyn HITZ

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
MALE		YES	3/3/22 (Month) (Day) 19 (Year)

FATHER		MOTHER	
FULL NAME	IRA E HITZ	FULL MAIDEN NAME	HAZEL BYBEE
RESIDENCE	IDAHO FALLS IDAHO R F D # 4	RESIDENCE	SAME
COLOR	WHITE	COLOR	WHITE
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	KANSAS	BIRTHPLACE	KANSAS
OCCUPATION	FARMER	OCCUPATION	HOUSEWIFE

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was BORN ALIVE (Born alive or stillborn), at 7 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F J ERNEST M D
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Idaho Falls Ida.

Filed Mar 14 1922 [signature]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 13 1943

FEB 3 1956

RECEIVED
MAY 10 1922
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAY 8 - 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls

Street: .....

County: Bonneville

File Number: 99978

Registration Dist. No.: 27

Sex of Child: Male

Date of Birth: March 3 192.2.

Father: Ira Evert Hitz
Full Name

Mother: Hazel Marie Bybee
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Jack Elwyn Hitz
Child's Name in Full

Mrs Ira E. Hitz
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

253-112-010-219

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99979

County of BONNEVILLE

City of

No. St.

Registration District No. 23 File No.

Hospital Primary Registration District No. 2 1 4 0 Registered No. V 7

FULL NAME OF CHILD KELLEY Darrel J.
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
MALE				YES	3/12/22 192...

What bactericidal solution was used in eyes? YES

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: OSCAR R KELLEY	FULL MAIDEN NAME: MARY E BARNES
RESIDENCE: RFD #2 IDAHO FALLS IDAHO	RESIDENCE: SAME
COLOR: WHITE	COLOR: WHITE
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: MISSOURI	BIRTHPLACE: IDAHO
OCCUPATION: FARMER	OCCUPATION: HOUSEWIFE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was BORN ALIVE (Born alive or stillborn), at 3 15 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F J ERNEST M D
(Physician or midwife)

Address IDAHO FALLS IDAHO

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Mar 16 192 2 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAY 1932
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAY

Boise, Idaho,.....

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital ance to have the full name included in the record. Kindly fill in the information requested in the blan and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATIST

Place of Birth — City: Idaho Falls

Street: Route 2.

County: Bonneville

File Number: 99979

Registration Dist. No.: .....

Sex of Child: Male

Date of Birth: March 12

Father: Oscar R. Kelly. (Full Name)

Mother: Mary Eva T... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Darrel J. Kelly. (Child's Name in Full)

Mrs Oscar Kell... (Signature of Father or Moth...)

Jackso...

FEB 28 1956

ERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
ACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

egistration is part of every child's birthright.
blishes legally the date of the child's birth, parentage
.
bles the Public Health Nurse to make sure the child has
from danger of blindness and other infections at birth.

- - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

correct age for purposes of school attendance.
loyment.
tection under the law.
itary and jury duty.
ht to travel unmolested in foreign lands.
ht to vote.
ht to receive pensions and inherit property.
nishes acceptable evidence of genealogy.
ht to get married.
t at this time while many of the Ex-Service men are com-
ish certified copies of certificates of birth, it is im-
he certificates be filed with the BUREAU OF VITAL STATIS-
ame completed by furnishing the name of the child.

ASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

262-114-010-456

PLACE OF BIRTH

RECEIVED
APR 20 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7,21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99980

County of Bonneville

City of Idaho Falls Idaho

Registration District No. 73 File No.

No. St.

Primary Registration District No. 210 Registered No. V-6

Hospital

FULL NAME OF CHILD Robert Koster

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	March 14 1922

FATHER	MOTHER
FULL NAME Peter Koster	FULL MAIDEN NAME Adriana de Witt
RESIDENCE Idaho Falls Idaho	RESIDENCE Idaho Falls Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Holland	BIRTHPLACE Holland
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10:40 a. M. on the date above stated.
(Born Alive or Stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Physician
(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report.

19

Registrar

Filed Apr 6 - 1922

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAY 8 - 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls

Street: Route 2

County: Bonneville

File Number: 99980

Registration Dist. No. .....

Date of Birth: 14 March 192.2

Sex of Child: Male

Father: Peter Kooker (Full Name)

Mother: Adriana Catrina de Wit (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Robert Kooker

Child's Name in Full

Peter Kooker Adriana Catrina de Wit.

Signature of Father or Mother

OCT 8 1946

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

453-47-616-547 (Be sure the information is complete and accurate)

amended 11-14-61

State File No. 99981

Local Reg. No. 55

Reg. Dist. No. 73

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Bonneville

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): R.F.D. 3

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bonneville

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Carol b. (Middle): Frank c. (Last): DeLong

4. SEX: Male

5a. THIS BIRTH: SINGLE ☐ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐

6. DATE OF BIRTH (Month) (Day) (Year): March 17, 1922

FATHER OF CHILD

7. FULL NAME

a. (First): Dell b. (Middle): c. (Last): DeLong

8. COLOR OR RACE: white

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Salt Lake City, Utah

11a. USUAL OCCUPATION: Farming

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Verda b. (Middle): c. (Last): Empey

13. COLOR OR RACE: white

14. AGE (At time of this birth): 22 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Idaho Falls, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: William Kinnard

18b. ATTENDANT AT BIRTH: M. D. ☒ MIDWIFE ☐ OTHER (Specify)

18c. ADDRESS: Idaho Falls, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 3-20-22

20. REGISTRAR'S SIGNATURE: William Kinnard

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

...DIVISION OF VITAL STATISTICS...

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Own childs birth certificate gives age as 20 for mother in June 22, 1920.
File # 80614.
L.D.S. Church membership record gives mother date of birth as Verda Almira Empey born 2-18-1900. Dated 7-2-1908. Viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 99981

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Carol Frank DeLong (Name on Original Certificate) who was born (Was Born or Died) on March 17, 1922 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
age of mother	21	22

Subscribed and sworn to before me this 10 day of November, 19 66.

Notary Public, residing at Boise Idaho
My commission expires 3-1-63
(Seal)

Signed Verda Almira Empey DeLong
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

255-227-010-619

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99982

County of Bonneville

City of Idaho Falls, Idaho

No. ..... St.

Registration District No. 73 File No. .....

Hospital ..... Primary Registration District No. 2100 Registered No. 5-4

FULL NAME OF CHILD Norma Elaine Benham
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Feb 27 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	M. C. Benham	FULL MAIDEN NAME	Fontella Farnsworth
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Post Falls, Idaho	BIRTHPLACE	Iona, Idaho
OCCUPATION	Truck Driver	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12/50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Soderquist M.D.
Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Filed Mar 3 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
MAY 17 1922
BUREAU OF VITAL STATISTICS

MAY 8 - 1922

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls,

Street: 879 Western ave.

County: Bonneville

File Number: 99982

Registration Dist. No. .....

Date of Birth: Feb 27th 1922.

Sex of Child: Female

Father: Melville C Benham (Full Name)

Mother: Fantella Farnsworth (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Norma Elaine Benham
Child's Name in Full

Mrs. M. C. Benham
Signature of Father or Mother

JUL 9 19[illegible]

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

319-106-010-553

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 29 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Idaho

No. ..... St.

Registration District No. 73

File No. 99983

Hospital .....

Primary Registration District No. 21 U-0

Registered No. 6-3

FULL NAME OF CHILD Vaughn Gidion Carlson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Mar 6 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Ernest Carlson	FULL MAIDEN NAME	Augusta Nelson
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Sweden	BIRTHPLACE	Idaho Falls, Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A R Sodergren
Physician
(Physician or midwife)

Address Idaho Falls, Idaho

Filed Mar 9 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

City Idaho Falls, Ida. File Number 99983

Street Route No. 4 Registration Dist. No.

County Bonneville Date of Birth March 2nd 192[illegible]

Child Male

Ernest Malcolm Carlson Mother Augusta [illegible]son
Full Name Full Maiden Name

HEREBY CERTIFY that the child described herein has been named:

Carolyn Gidion Carlson.
Child's Name in Full

Ernest M. Carlson
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthri
It establishes legally the date of the child's birt
.timacy.

It enables the Public Health Nurse to make sure t
otected from danger of blindness and other infectio

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - -

- The correct age for purposes of school attenda
- Employment.
- Protection under the law.
- Military and jury duty.
- Right to travel unmolested in foreign lands.
- Right to vote.
- Right to receive pensions and inherit property.
- Furnishes acceptable evidence of genealogy.
- Right to get married.
- Just at this time while many of the Ex-Service m

o furnish certified copies of certificates of birth
that the certificates be filed with the BUREAU OF V
the same completed by furnishing the name of the c

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CH

Dear M
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Place
of
Birth
Sex of
Father
I HEF

295-130-010-236

PLACE OF BIRTH

RECEIVED 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99984

County of Bonneville

City of Ida Falls

No. Rte 3 St. Registration District No. 73 File No.

Hospital Primary Registration District No. 2140 Registered No. 1-2

FULL NAME OF CHILD Merlin Barnum Kingston
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	\		\	Yes	June 30 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	C. W. Kingston	FULL MAIDEN NAME	Vista Stowell
RESIDENCE	Ida Falls	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Magna, Ut.	BIRTHPLACE	Ogden, Ut.
OCCUPATION	Farmer	OCCUPATION	H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez N. West
MD
(Physician or midwife)

Address Idaho Falls, Idaho

Give names added from a supplemental report.

....., 19....

Registrar.

Filed May 10 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 19 1968

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAY 8 - 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Ammon

Street: .....

County: Bonneville

File Number: 99984

Registration Dist. No. .....

Date of Birth: Jan 30 192?

Sex of Child: Male

Father: Charles W. Kingston (Full Name)

Mother: Vesta Minerva Stowell (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Merlin Barnum Kingston

Child's Name in Full

Charles William Kingston

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

793-116-010-264

PLACE OF BIRTH

RECEIVED APR 29 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida Falls

No. Rte 3 St.

Registration District No. 73

File No. 99985

Hospital

Primary Registration District No. 21V-0

Registered No. V-1

FULL NAME OF CHILD Wendall Gilbert
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	\		\	Yes	June 16 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Charles Gilbert	FULL MAIDEN NAME	Bertha Southwick
RESIDENCE	Ida Falls	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Memphis, Tenn.	BIRTHPLACE	Ida Falls, Rte 3
OCCUPATION	Farmer	OCCUPATION	H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez N. Best
MD
(Physician or midwife)

Address Idaho Falls Ida

Filed Mar 10 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 30 1942

365-108-010-396

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

APR 29 1922
BUREAU OF VITAL STATISTICS

County of Bonneville

City of Ida Falls

No. RFD 1 St. Registration District No. 73 File No. 99986

Hospital Primary Registration District No. 2147 Registered No. 50

FULL NAME OF CHILD Rulon Asel Loveland
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1		1	Yes	Feb 8 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Asel Loveland	FULL MAIDEN NAME	Mullay Crook
RESIDENCE	Ida Falls	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Bloomington, Ida	BIRTHPLACE	Fish Haven, Ida
OCCUPATION	Farmer	OCCUPATION	HW

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez Marsh
M.D.
(Physician or midwife)

Address Idaho Falls Idaho

Filed Mar 10 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-212-010-795

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville
City of Idaho Falls
No. Rt. 2 St.
Hospital

Registration District No. 73
Primary Registration District No. 2150

File No. 99987
Registered No. 49

FULL NAME OF CHILD Golda Thomas
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
female			yes	Jan. 12, 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth

FATHER	MOTHER
FULL NAME: Douglas Nelson Thomas	FULL MAIDEN NAME: Norma Pinnock
RESIDENCE: Idaho Falls, Idaho	RESIDENCE: Idaho Falls, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Spanish Fork, Utah	BIRTHPLACE: Idaho Falls, Idaho
OCCUPATION: Naval Officer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

....., Registrar.

(Signature) Jabez West, M. D.

Idaho Falls
(Physician or midwife)

Address .....

Filed Mch 10, 1922 W. Kinnard
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 11 1955

413-1291010-235

PLACE OF BIRTH

APR 29 1922

BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99988

County of Bonneville

City of Ida Falls

No. 375 - 8th St. Registration District No. 73 File No.

Hospital Primary Registration District No. 2143 Registered No. 44

FULL NAME OF CHILD Sherman R. Daley
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	\		\	Yes	June 29 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	George Daley	FULL MAIDEN NAME	Bessie Stewart
RESIDENCE	Ida Falls	RESIDENCE	Ida Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Hillside Ut	BIRTHPLACE	Ida Falls
OCCUPATION	Laborer	OCCUPATION	H.W

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez West
M.D.
(Physician or midwife)

Address Idaho Falls Ida

Filed Mar 10 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PAGE MISSING OR INCORRECTLY NUMBERED

IDAHO

DEPT. OF PUBLIC WELFARE

Boise, Idaho, MAY 8 - 1924 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Idaho Falls Idaho; Street 385 8 street; County Bonneville

File Number 99988

Registration Dist. No. 9

Sex of Child Male

Date of Birth 29 192 2

Father George Erskin Daley (Full Name)

Mother Bessie Edna Stewart (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Sherman Riley Daley
Child's Name in Full

Mrs Bessie Daley
Signature of Father or Mother

SEP 15 1966

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

243-163-010-553

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99990

County of Bonneville

City of Iona

No. ..... St.

Hospital .....

RECEIVED APR 1922 BUREAU OF VITAL STATISTICS

Registration District No. 73

File No. .....

Primary Registration District No. 21 V-0

Registered No. 46

FULL NAME OF CHILD Boyd Marley Butler
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	\		\	Yes	Jan 13 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	W. G. Butler	FULL MAIDEN NAME	Lula Nelson
RESIDENCE	Iona	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Murray, Ut	BIRTHPLACE	Pleasant Grove, Ut
OCCUPATION	Farmer	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:08 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez N. West
M.D.
(Physician or midwife)

Address Idaho Falls Ida

Filed Mar 10 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
JAN 30 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, ...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Iona

Street: .....

County: Bonneville

File Number: 99990

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Jan. 13 192~~2~~

Father: W. G. Butler (Full Name)

Mother: Lula Grace Nels (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Boyd Marten Butler
Child's Name in Full

Mrs. Lula Butler
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

236-110-010-195

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 20 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99992

County of Bonneville

City of Ida Falls

No. Gen Del St. Registration District No. 73 File No.

Hospital Primary Registration District No. 21 V-1 Registered No. 44

FULL NAME OF CHILD Harold Wayne Scoville
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Jan 10 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Leon Scoville	FULL MAIDEN NAME	Edith Ainsworth
RESIDENCE	Ida Falls	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Springville, Ut.	BIRTHPLACE	Odessa, Mo.
OCCUPATION	Driver	OCCUPATION	H W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8:30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jake Wood MD
(Physician or midwife)

Address Idaho Falls Ida

Give names added from a supplemental report.

....., 19....

Registrar.

Filed Mar 10 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAY 10 1922
BUREAU OF VITAL STATISTICS

S[illegible] OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAY 8 - 1922

Boise, Idaho, May 18 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Idaho Falls Idaho
- Street: Lomax & Emerson
- County: Bonneville

File Number: 99992

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Jan 10 1922

Father: Leon A Scoville
Full Name

Mother: Edyth Allene Ains
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Harold Wayne Scoville
Child's Name in Full

Mrs Leon A Scoville
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
ED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage itimacy.

It enables the Public Health Nurse to make sure the child has rotected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com- to furnish certified copies of certificates of birth, it is im- t that the certificates be filed with the BUREAU OF VITAL STATIS- nd the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

492-215-010-445

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99993

County of Bonneville

City of Ucon

RECEIVED APR 29 1922 BUREAU OF VITAL STATISTICS

No. ..... Subregistration District No. 73 File No. .....

Hospital ..... Primary Registration District No. 2170 Registered No. 43

FULL NAME OF CHILD Twila Hiskin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	\		\	Yes	June 15 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Arthur Hiskin	FULL MAIDEN NAME	Ardelle Hunsey
RESIDENCE	Ucon	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	St Johns, Kansas	BIRTHPLACE	St Leon, Utah
OCCUPATION	Manager	OCCUPATION	H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez N West
MD
(Physician or midwife)

Address Idaho Falls Ida

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed Mar 10 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-24-810-665

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

99995

County of Bonneville

City of Idaho Falls

No. Rte 3 St.

Registration District No. 13

File No.

Hospital

Primary Registration District No. 2-1-0

Registered No. 71

FULL NAME OF CHILD Virgie Campbell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 14 1927

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Alfred Campbell	FULL MAIDEN NAME	Ada Owens
RESIDENCE	Idaho Falls	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Garfield, Ut.	BIRTHPLACE	Ammon,
OCCUPATION	Farmer	OCCUPATION	H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:50 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez Eldred MD
(Physician or midwife)

Address Idaho Falls Ida

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Jan 20 1927

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...E OF IDAHO

...RTMENT OF PUBLIC WELFARE

Boise, Idaho, 5/26/22 192...

...adam:

...he name of your baby was not filled in on the birth certificate sent to this office. It is of vital import- ... have the full name included in the record. Kindly fill in the information requested in the blank below ...urn this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

City Idaho Falls

File Number 99925

~~Street~~ Ammon

Registration Dist. No. 19

County Bonneville Idaho

Date of Birth Jan. 14 1922

Child Female

Alfred Easton Campbell
Full Name

Mother Ada Eveline Owen
Full Maiden Name

...BY CERTIFY that the child described herein has been named:

Vergie Campbell
Child's Name in Full

Ada E. Campbell
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BI
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WIT

- - - - - - - - - - -

Birth registration is part of every child's
It establishes legally the date of the chil
and legitimacy.

It enables the Public Health Nurse to mak
been protected from danger of blindness and other

- - - - IT SHOWS AT LATER PERIODS OF LI

1. The correct age for purposes of school
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign l
6. Right to vote.
7. Right to receive pensions and inherit p
8. Furnishes acceptable evidence of geneal
9. Right to get married.
10. Just at this time while many of the Ex-

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PLEASE ASSIST BY FURNISHING THE NAME O

Dear M
T
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Place
of
Birth

Sex of

Father

I HERE

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264-111-010-362

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida Falls

No. Route 3 St. Registration District No. 73 File No. 99997

Hospital Primary Registration District No. 2140 Registered No. 39

FULL NAME OF CHILD Roy L Southwick
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Jan 11 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Roy Southwick	FULL MAIDEN NAME	Permelia Lossen
RESIDENCE	Ida Falls	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	HW

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jabez Best
MD
(Physician or midwife)

Address Idaho Falls, Ida

Give names added from a supplemental report.

....., 19....

Registrar.

Filed Mar 10 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAY 15 1922
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAY 8 - 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
City: Idaho Falls
Street: [illegible]
County: [illegible]

File Number: 99997

Registration Dist. No.: 19

Sex of Child: Male

Date of Birth: Jan 11 192...

Father: [illegible] Leroy Southwick
Full Name

Mother: Bermelia Losser
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Roy L Southwick
Child's Name in Full

Leroy Southwick
Signature of Father or Mother

AUG 27 1942 SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

695-024-010-554

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 99998

No. ..... St.

Primary Registration District No. 210

Registered No. 32

Hospital .....

FULL NAME OF CHILD Anne Margaret Frew

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Feb. 24 1922

FATHER		MOTHER	
FULL NAME	Hughie E. Frew	FULL MAIDEN NAME	Marie Nedekorn
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2:25 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

K

Registrar

(Signature) .....

Physician

(Physician or midwife)

Address Idaho Falls, Idaho.

Filed May 7 1922

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECE
MAY 15
BUREAU
STA

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAY 8 - 1922

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls, Ida

Street: .....

County: Bonneville

File Number: 99998

Registration Dist. No. .....

Date of Birth: Feb 24 1922

Sex of Child: Female

Father: Hugh C. Frew (Full Name)

Mother: Marie Niederkorn (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Anne Margaret Frew

Child's Name in Full

Mrs. Hugh C Frew

Signature of Father or Mother

1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

289-229.010-433

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Idaho

Registration District No. 73 File No. 99999

No. ..... St.

Primary Registration District No. 210-0 Registered No. 37

Hospital .....

FULL NAME OF CHILD Margaret Jean Shipp

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Mch (Month) 29 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	William M. Shipp	FULL MAIDEN NAME	Marcze McCormick
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho 162-3rd St.	BIRTHPLACE	Montana
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 20 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls, Idaho

Filed May 29 1922 [signature] Registrar

Registrar

APR 16 1952

APR 25 1944

613-114-010-063

Form V. S. No. 11-C-25m-1-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls, Idaho

Registration District No. 73 File No. 100000

No. _____ St.

Primary Registration District No. 2150 Registered No. 36

Hospital _____

FULL NAME OF CHILD Howard Richard Falk

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb (Month) 14 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	C. A. Falk	FULL MAIDEN NAME	Esther Holm
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Omaha, Neb.	BIRTHPLACE	Malmo, Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8/20 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Idaho Falls Idaho

Filed Mar 8 1922 [signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 27 1943

[redacted] 314-218-010-893

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100001

County of Bonneville
City of Idaho Falls
No. 323 Hill St. — Registration District No. 73 — File No.
Hospital — Primary Registration District No. 2170 — Registered No. 30

FULL NAME OF CHILD Infant John Lambert
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Feb 18 1922

What bactericidal solution was used in eyes? Not opened Premature birth

Number of child of this mother, including present birth 8 — Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Laurence Lyle Lambert	FULL MAIDEN NAME Bessie Hill
RESIDENCE 323 Hill St	RESIDENCE 323 Hill St
COLOR White — AGE AT LAST BIRTHDAY 33 (Years)	COLOR White — AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Colorado	BIRTHPLACE Salt Lake City, Utah
OCCUPATION Contractor	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) G. W. Pendleton
Physician
(Physician or midwife)
Address Idaho Falls, Idaho

Filed Mar 1 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUN 16 1928
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAY 8 - 1928

Boise, Idaho, ...192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Idaho Falls

Street: 323 Hill

County: Bonneville

File Number: 100001

Registration Dist. No. .....

Date of Birth: Feb. 18 192.2.

Sex of Child: Female

Father: Lawrence Lyle Lambert (Full Name)

Mother: Bessie Hall (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ida Lambert
Child's Name in Full

Bessie Lambert
Signature of Father or Mother

The baby passed away before it was named is the reason no name was sent in

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

69-21310142

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls, Idaho

Registration District No. 73

File No. 100002

No. ____ St.

Primary Registration District No. 21-0

Registered No. 24

Hospital ____

FULL NAME OF CHILD Janet Elizabeth Wright

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Feb 13 1922

FATHER		MOTHER	
FULL NAME	Charles Arthur Wright	FULL MAIDEN NAME	Bernice Austin
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Abstract Office	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9-45 P. M. on the date above stated.

(Signature) [illegible]

Physician (Physician or midwife)

Address Idaho Falls, Idaho.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

Filed Mar 1 19 22 [illegible] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
JUN 19 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, MAY 8 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City Idaho Falls
Street J Canal
County Bonneville

File Number 100002

Registration Dist. No. .....

Sex of Child Female

Date of Birth Feb - 13th 1922

Father Charles A Wright
Full Name

Mother Bernice Austin
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Janet Elizabeth Wright
Child's Name in Full

Chas A Wright
Signature of Father or Mother

CC MAY 22 41

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

[redacted] 343/102.011-866
BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100003

County of Boundary
City of Bonners Ferry
No. ____ St. Registration District No. 79 File No. ____
Hospital ____ Primary Registration District No. 3156 Registered No. ____

FULL NAME OF CHILD Leo Mat Luse -
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	-	-	yes	Mar. 2 - 192 2

What bactericidal solution was used in eyes? 1% Sol. Argo3

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy Edward Luse	Oleander Hood.
RESIDENCE	Bonners Ferry	Bonners Ferry
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	35 -
BIRTHPLACE	Neb.	Iowa -
OCCUPATION	Cashier - Railway.	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) E E Fry
Physician
(Physician or midwife)

Address Bonners Ferry, Ida

Filed 3/8/ 192 2 E E Fry
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 1942

[redacted]

NOV 6 1942

859-116.014719

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100004

County of Boundary

City of Bonners Ferry

No. ..... St.

Registration District No. 79 File No. .....

Hospital .....

Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD Leonard Wayne Herder
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes.	Mar. 11 1922

What bactericidal solution was used in eyes? 1% Soln. $AgNO_3$

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	August Herder	FULL MAIDEN NAME	Hazel Parker
RESIDENCE	Bonners Ferry, Ida	RESIDENCE	Bonners Ferry, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	North Dakota	BIRTHPLACE	Minn.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician
(Physician or midwife)

Address Bonners Ferry, Ida.

Filed 3/15/1922. E. E. Fry
Registrar

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

38-112-011-331

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ____ St.

Registration District No. 79. File No. 100005

Hospital ____ Primary Registration District No. 215-6 Registered No. ____

FULL NAME OF CHILD John William Chance

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Mar. 12 1922

What bacteriodal solution was used in eyes? 1% Sol. Argyrol

Number of child of this mother, including present birth 12 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	James Chance	FULL MAIDEN NAME	Stella Clark
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry

Phy Sician

(Physician or midwife)

Address Bonners Ferry, Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 3/20/1922. E E Fry
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1971

565-213-611-692

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100006

County of Boundary
City of Bonners Ferry
No. ____ St.
Hospital ____

Registration District No. 79
Primary Registration District No. 215
File No. ____
Registered No. ____

FULL NAME OF CHILD Gladys Marie Loe
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Jan. 13 1922

What bactericidal solution was used in eyes? 1% Sol. Ag NO3

Number of child of this mother, including present birth 4 — Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Chas. E. Loe	FULL MAIDEN NAME	Emily Pearl Fisher
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Kan.	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:23 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry
Physician
(Physician or midwife)

Address Bonners Ferry, Ida.

Filed 3/14/1922 E E Fry
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 13 1960

799-46-614-546

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary
City of Bonners Ferry
No. ____ St. Registration District No. 79 File No. 100007
Hospital ____ Primary Registration District No. 2186 Registered No. ____

FULL NAME OF CHILD Robert Hiram Griswold Jr.
(Certificate of no value without full name of child.)

Sex of Child Male	**Twin Triplet or other?** — and **Number in order of birth** — (To be answered only in event of plural births)	**Legitimate?** Yes.	**Date of birth** (Month) Mar. (Day) 10 (Year) 1922	

What bactericidal solution was used in eyes? 1% Sol. Ag NO3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Robt. H. Griswald	**FULL MAIDEN NAME**	Lura Constance Edwards.
RESIDENCE	Bonners Ferry, Ida.	**RESIDENCE**	Bonners Ferry, Ida.
COLOR	White	**COLOR**	White
AGE AT LAST BIRTHDAY (Years)	47	**AGE AT LAST BIRTHDAY** (Years)	25
BIRTHPLACE	New York	**BIRTHPLACE**	Oregon
OCCUPATION	Marine Engineer	**OCCUPATION**	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) **at** 3 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... **Registrar.**

(Signature) E E Fry
physician
(Physician or midwife)
Address Bonners Ferry, Ida.

Filed 3/10/1922 E E Fry Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 21 1946

165-210-011-453

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100008

County of Boundary
City of Bonners Ferry
No. ..... St.
Registration District No. 79 File No. .....
Hospital ..... Primary Registration District No. 3156 Registered No. .....

FULL NAME OF CHILD Maxine Opal Jones
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	March 10 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Emmett William Jones	FULL MAIDEN NAME	Della Caroline Ditchman
RESIDENCE	Bonners Ferry Idaho	RESIDENCE	Bonners Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Michigan	BIRTHPLACE	Minn.
OCCUPATION	Blacksmith	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornalive (Born alive or stillborn), at 4 30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R M Bowell
Physician
(Physician or midwife)

Address Bonners Ferry Idaho

Filed 3/15/1922 E E Fry
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 7 1967

JUL 16 1942

664-215-011-453

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Registration District No. 79 File No. 100009

Hospital .....

Primary Registration District No. 5156 Registered No. .....

FULL NAME OF CHILD Helen Dorothy Foust.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	yes	Mar. 15 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1 To Soln Ag NO3

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Zinnie J. Foust.	FULL MAIDEN NAME	Helen Dorothy Detchman
RESIDENCE	Bonners Ferry, Ida	RESIDENCE	Bonners Ferry, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Ohio	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8.28 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Bonners Ferry, Ida.

Filed 3/15/1922. E. E. Fry.
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 3 1949

315-di Va 011-292

PLACE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ____ St.

Hospital Bonners Ferry

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 71 File No. 100011

Primary Registration District No. 315 Registered No. ____

FULL NAME OF CHILD Mildred Evelyn Lane

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Mar. 14 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Charles Adam Lane	FULL MAIDEN NAME	Charlotte Marguerite Bissel
RESIDENCE	Meadowcreek Idaho	RESIDENCE	Meadowcreek Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Indiana	BIRTHPLACE	Michigan
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) **at** 10 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Bowell

Physician

(Physician or midwife)

Address Bonners Ferry Idaho

Filed 3/17/1922 E E Fry

Registrar

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 3 1967

522-22[redacted]-366

PLACE OF BIRTH

RECEIVED MAR 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Arco

Registration District No. 59 File No. 100012

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Veda C. Ekstrom

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	4 (Month) 26 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	John L. Ekstrom	FULL MAIDEN NAME	Violet Cooper
RESIDENCE	Arco, Idaho	RESIDENCE	Arco, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Arizona	BIRTHPLACE	Wellsville, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Fox

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Arco, Idaho

Filed 4/26 1922 Cannon Registrar

By E. [illegible]

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUN 21 1922
BUREAU OF VIT
STATIS

STATE OF IDAHO

...RTMENT OF PUBLIC WELFARE

MAY 8 - 19...

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Arco

Street: .....

County: Butte

File Number: 100012

Registration Dist. No.: .....

Sex of Child: Female

Date of Birth: April 26 192.2

Father: John L. Ekstrom (Full Name)

Mother: Violet Cooper (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Veda L. Ekstrom
Child's Name in Full

Violet Ekstrom
Signature of Father or Mother

JUN 16 1966

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

966.289.012.259

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED M... 1922 BUR...

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Moore

Registration District No. 59 File No. 100013

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Hazel Blanche Rowe

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 4 (Month) 29 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Edward M. Rowe	FULL MAIDEN NAME	Minnie Berry
RESIDENCE	Moore Idaho	RESIDENCE	Moore Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Spanish Fork Utah	BIRTHPLACE	Kannana Utah
OCCUPATION	Farmer	OCCUPATION	School teacher

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 845 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Fox

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Arco, Idaho

Filed 4/29 1922 Cannon Registrar

By E. W. Fox

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
JUN 14 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, MAY 8 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Moore

Street: ~~~~~

County: Butte

File Number: 100013

Registration Dist. No.:

Sex of Child: Female

Date of Birth: April 29 1922

Father: Edward Morris Rowe (Full Name)

Mother: Minnie Berry Rowe (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Hazel Blanche Rowe
Child's Name in Full

Ed. M. Rowe.
Signature of Father or Mother

JAN.21 1969

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

238-114-012-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of ~~Arco~~ Butte

City of arco

No. ..... St.

Registration District No. 59

Primary Registration District No. .....

File No. 100014

Registered No. .....

Hospital .....

FULL NAME OF CHILD Henry Theodore Schiebler

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	4 — 14 — 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry T. Schiebler	Anna Roslund
RESIDENCE	arco	arco
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	33
BIRTHPLACE	Germany	Sweden
OCCUPATION	Farmer	Housk.

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. M. Cannon

arco, Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 4/14/22 Cannon
Registrar

FEB 19 1942

291-117-012-155

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ~~Arco~~ Butte

City of Arco

Registration District No. 59

File No. 100015

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Jack Herbert Braithwaite

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	4-17-1922

FATHER		MOTHER	
FULL NAME	Francis H. Braithwaite	FULL MAIDEN NAME	Emeline Jensen
RESIDENCE	Arco	RESIDENCE	Arco
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hswf-

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. M. Cannon

Arco (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 4/17/1922 Cannon

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAY 8 - 1922

Boise, Idaho, ... 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City ..... Arco .....

Place of Birth — Street .....

Place of Birth — County .... Butte .....

File Number ..... 100015 .....

Registration Dist. No. .....

Sex of Child ..... Male .....

Date of Birth ... April 17 1922

Father Francis Herbert Braithwaite (Full Name) Mother Emeline ..... Jensen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Jack Herbert Braithwaite (Child's Name in Full)

Mrs. F. H. Braithwaite (Signature of Father or Mother)

JUN 16 1942

ADM

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

249-107-012-219

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

[redacted]

BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

CERTIFICATE OF BIRTH

100016

County of Butte

City of Moore

Registration District No. 59 File No.

No. St.

Primary Registration District No. 2129 Registered No.

Hospital

FULL NAME OF CHILD JOHN IRVINE Burt

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	3 – 7 – 22

FATHER	MOTHER
FULL NAME Edna Rees Burt	FULL MAIDEN NAME Matilda Burney
RESIDENCE Moore	RESIDENCE Moore
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7.35 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) F. M. Cannon

arco Ida

(Physician or midwife)

Address

Filed 3/7/22

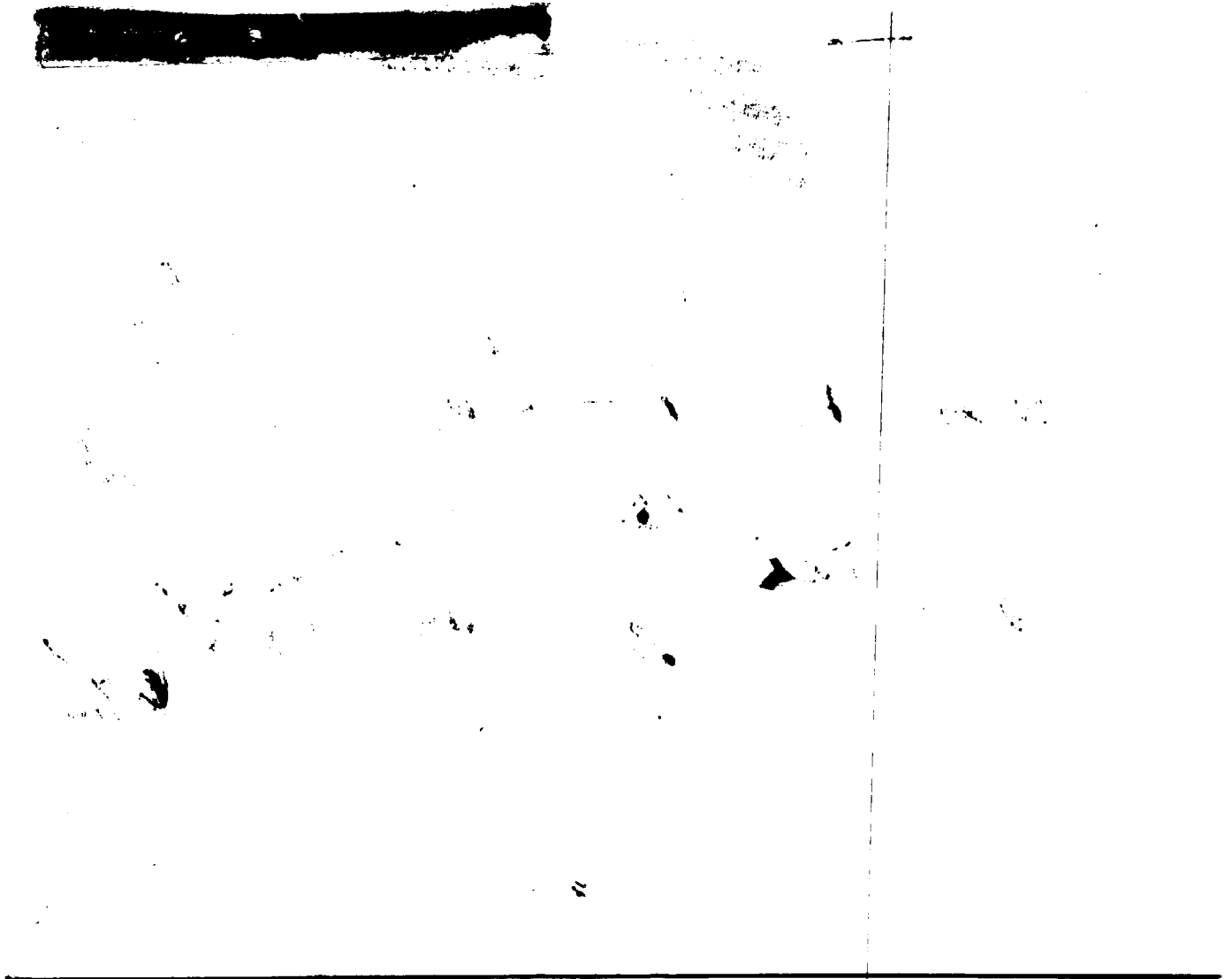
Cannon

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Boya } ss.

Certificate No. 100016

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for John Irvine Burt (Name on Original Certificate) who born (Was Born or Died) on March 8-1922 (Date of Event)
in Moore, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family record (Bible Record, Insurance Policy, Etc.) prepared on March 8-1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	John Irvine Burt

Subscribed and sworn to before me this 15th day of March, 1943

Notary Public, residing at Arco, Idaho

My commission expires May 23-1946
(Seal)

Signed Felix Burt
(Signature of parent or attendant if correcting a birth record; of attending physician, funeral director, informant if correcting a death record; or other credible person.)

Moore Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Butte } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of March, 1943

I. W. BOYER

~~Notary Public, CLERK OF THE DISTRICT COURT~~

~~My commission expires~~
~~(Seal)~~

BY Roma Beal
DEPUTY

Signed W W Boyer
(Signature of Any Credible Person Other Than Previous Year)

Arco Idaho
(Street Address, City, State)

JUL 25 1960

MAR 20 1943

955-218-012-413

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Arco

Registration District No. 59 File No. 100017

No. ..... St.

Primary Registration District No. 2129 Registered No. .....

Hospital .....

FULL NAME OF CHILD Margarett Reese

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	3-18-22

FATHER	MOTHER
FULL NAME: Wm Wiley Reese	FULL MAIDEN NAME: Edelaide Matthews
RESIDENCE: Arco	RESIDENCE: Arco
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY (Years): 60	AGE AT LAST BIRTHDAY (Years): 45
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Road Contractor	OCCUPATION: Housek.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cannon

Arco, Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 3/18 1922 Cannon
Registrar

DEPARTMENT OF [illegible]

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
MAY 25 1922

Boise, Idaho, MAY 8 - 1922 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Arco

Street: .....

County: Butte

File Number: 100017

Registration Dist. No.: .....

Date of Birth: March 18 192 2

Sex of Child: Female

Father: Wm Wiley Reese (Full Name)

Mother: Adelaide Alice [illegible] (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Margrette Reese
Child's Name in Full

Wm Wiley Reese
Signature of Father or Mother

JUN 4 1942

MAY 21 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
OR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

ch registration is part of every child's birthright.
establishes legally the date of the child's birth, parentage
nacy.
enables the Public Health Nurse to make sure the child has
ted from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

The correct age for purposes of school attendance.
Employment.
Protection under the law.
Military and jury duty.
Right to travel unmolested in foreign lands.
Right to vote.
Right to receive pensions and inherit property.
Furnishes acceptable evidence of genealogy.
Right to get married.
Just at this time while many of the Ex-Service men are com-
furnish certified copies of certificates of birth, it is im-
t the certificates be filed with the BUREAU OF VITAL STATIS-
he same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

666-224-012-231

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Arco

No. ..... St. .....

Registration District No. 59 File No. 100018

Primary Registration District No. 2129 Registered No. .....

Hospital .....

FULL NAME OF CHILD Zoe Caroline Woodbridge

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	3-24-1922

FATHER	MOTHER
FULL NAME: Roy Woodbridge	FULL MAIDEN NAME: Violet Blatner
RESIDENCE: Arco	RESIDENCE: Arco
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cannon

Arco, Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

.....
Registrar

Address .....

Filed April 1922 Cannon
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAY 15 1922

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAY 8 - 1922

Boise, Idaho, ...192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Arco

Place of Birth — Street: .....

Place of Birth — County: Butte

File Number: 100018

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: March 24 192.2

Father: Roy W Woodbridge (Full Name)

Mother: Violet B Glatt... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Zoe Caroline Woodbrid...

Child's Name in Full

Violet B. Woodbri...

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
OR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

:h registration is part of every child's birthright.
stablishes legally the date of the child's birth, parentage
acy.
enables the Public Health Nurse to make sure the child has
ted from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

The correct age for purposes of school attendance.
Employment.
Protection under the law.
Military and jury duty.
Right to travel unmolested in foreign lands.
Right to vote.
Right to receive pensions and inherit property.
Furnishes acceptable evidence of genealogy.
Right to get married.
Just at this time while many of the Ex-Service men are com-
urnish certified copies of certificates of birth, it is im-
t the certificates be filed with the BUREAU OF VITAL STATIS-
e same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

236-122-012-395

Form V. S. No. 11-C--25m-7-21-19

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Butte

City of Martin

CERTIFICATE OF BIRTH

Registration District No. 59 File No. 100019

No. ..... St.

Primary Registration District No. 2129 Registered No. .....

Hospital .....

FULL NAME OF CHILD James Lee Stoddard

Sex of Child M | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 3-22-1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James L. Stoddard	FULL MAIDEN NAME	Lillie Linquist
RESIDENCE	Martin	RESIDENCE	Martin
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Hsw f.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 45 4 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cannon

arco Ida

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 3/22/1922 Cannon

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF FISH AND GAME

SEVER

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City [redacted] Arco Idaho

Street .....

County Butte Co.

File Number 100019

Registration Dist. No. 4

Date of Birth Mar 22 1922

Sex of Child Male

Father James Lehi Stoddard (Full Name) Mother Lillie Lilyen Grist (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

James Lee Stoddard
Child's Name in Full

Mrs Janna L Stoddard
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

795-225-012-719

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Butte

1922
CERTIFICATE OF BIRTH

City of Arco

Registration District No. 59 File No. 100020

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Maxine Alberta Pinney

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	3-25-22

FATHER	MOTHER
FULL NAME Chauncey Pinney	FULL MAIDEN NAME Elsie Gardener
RESIDENCE Arco	RESIDENCE Arco
COLOR W	AGE AT LAST BIRTHDAY 35 (Years)
COLOR W	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9-35 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cannon

Arco Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 3/25/22 F. M. Cannon
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAY 15 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAY 8 - 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Arco Ida.

Street: [redacted]

County: Butte

File Number: 100020

Registration Dist. No.: 4

Sex of Child: Female

Date of Birth: March 25 192 2

Father: Chauncy Pinney (Full Name)

Mother: Elsie Gardner. (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Maxine Alberta Pinney.
Child's Name in Full

Mr Chauncy Pinney
Signature of Father or Mother

SEP 9 1943

AUG 25 1944

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

154-129-012-133

Amended 2/7/69

Form V. S. No. 11-C—25m-9-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Butte

City of Arco

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

Registration District No. 59

File No. 100021

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD William Kenneth Andreason

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
M			Yes	3-29-22

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Louis Andreason	Lenora Allred
RESIDENCE	Arco	Arco
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	41	37
BIRTHPLACE	Utah	Utah
OCCUPATION	Carpenter	Housf.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or Stillborn), at 7:0' M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cannon

Arco, Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed April 19 22

Cannon Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 23 1968

FEB 12 1969

154-109-012-389

Form V. S. No. 11-C—25m-9-27

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100022

County of Butte

City of Arco

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

Registration District No. 59

File No.

No. ..... St.

Primary Registration District No. 21-9

Registered No.

Hospital .....

FULL NAME OF CHILD Andreason

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	4—9—22

FATHER		MOTHER	
FULL NAME	John Andreason	FULL MAIDEN NAME	Agnes Christensen
RESIDENCE	Arco	RESIDENCE	Arco
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Denmark
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1.15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Cannon

Arco Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....
Registrar

Address .....

Filed 4/9/ 1922 Cannon
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-15-012-386

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED APR 24 1922 VITAL STATISTICS

County of Butte

City of Arco — Registration District No. 59 — File No. 100023

No. ..... St. — Primary Registration District No. 2129 — Registered No. .....

Hospital .....

FULL NAME OF CHILD Gallert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	3-15-22

FATHER		MOTHER	
FULL NAME	Antone Gallert	FULL MAIDEN NAME	Lenna Thompson
RESIDENCE	Howe	RESIDENCE	Arco
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	16	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was dead (Born alive or stillborn) on the date above stated, at 8.30 P.M.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) F. M. Cannon

(Physician or midwife)

Address Arco Ida

Filed 3/15/22 19.. Cannon Registrar

213-21C-014-213 [redacted]

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
APR 24 1922
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

County of Canyon

City of Caldwell. Registration District No. 3 File No. 100024

No. ..... St. ..... Primary Registration District No. 2005 Registered No. 49

Hospital .....

FULL NAME OF CHILD Norma Ruth Bales

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Feb 10 1922

FATHER		MOTHER	
FULL NAME	Charles Emory Bales	FULL MAIDEN NAME	Flossie M. Bales
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Colby, Kansas	BIRTHPLACE	Hermitage, Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive Feb. 10, at 10:40 P. M. (Born alive or stillborn) on the date above stated.

(Signature) C. R. Whittenberger
Physician D.O.
(Physician or midwife)

Address Caldwell Idaho

Filed Apr. 19 1922 John L. Meyer
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 0 194

395-119-014-791

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
APR 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. 3 File No. 100025

No. ..... St.

Primary Registration District No. 2005 Registered No. 50

Hospital Home

FULL NAME OF CHILD Richard Harold Linder

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb (Month) 19 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	J. A. Linder	FULL MAIDEN NAME	Arizona Gray
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Kirksville Mo	BIRTHPLACE	Tenn.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A M. on the date above stated. 1% Ag NO3 used.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Bonch M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Wilder Ida

Filed Mar. 24 1922 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 22-9926/

NOT

OCT 23 1942

249-161-014-894

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa Registration District No. 3 File No. 100026

No. ..... St.

Hospital Home Primary Registration District No. 2005 Registered No. 51

FULL NAME OF CHILD Glen Burton

Sex of Child Male | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth May 1 (Month) (Day) 1922 (Year)

FATHER

FULL NAME Harvey B Burton

RESIDENCE Huston R II

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Weld Co Oregon

OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Augie Reidy

RESIDENCE Huston Ida

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Spokane Wash.

OCCUPATION H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 5 M. on the date above stated.

(Signature) A B Brock M D

(Physician or midwife)

Address Wilder Ida

Filed Mar. 25 1922 John W. Meyer Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

864-103-014-294

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Huston

Registration District No. 3 File No. 100027

No. ..... St.

Primary Registration District No. 2005 Registered No. 52

Hospital .....

FULL NAME OF CHILD George Leslie Young.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	March (Month) 3 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Thomas Jessie Young	FULL MAIDEN NAME Hazel Maville Kimber
RESIDENCE Huston, Idaho	RESIDENCE Castle Gate, Utah
COLOR White AGE AT LAST BIRTHDAY thirty (Years)	COLOR White AGE AT LAST BIRTHDAY Twenty four (Years)
BIRTHPLACE Missouri	BIRTHPLACE Castle Gate, Utah.
OCCUPATION Farmer	OCCUPATION Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:50 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl Warner D.O.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Caldwell Idaho.

Filed May 19 1922 John S. Meyer Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-211-814-818.

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Caldwell
No. R. # 3 St.
Registration District No. 3
File No. 100028
Hospital
Primary Registration District No. 2005
Registered No. 53

FULL NAME OF CHILD Ethel Annette Haines
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	3/11 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	G. H. Haines	FULL MAIDEN NAME	Grace Hayes
RESIDENCE	Caldwell, Idaho, R. # 3	RESIDENCE	Caldwell, Idaho, R. # 3
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) E. F. Dudley, M. D.
(Physician or midwife)

Address Caldwell, Idaho

Filed Mar. 13 1922 John H. Meyer Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

WHY A CERTIFICATE
COMPLETE

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Caldwell

Place of Birth — Street: R. 3

Place of Birth — County: Canyon

File Number: 100028

Registration Dist. No. (?) Greenleaf

Date of Birth: March 11 192 2

Sex of Child: Female

Father: Guy Hadley Haines (Full Name)

Mother: Grace Hayes (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ethel Annette Haines
Child's Name in Full

Grace Hayes Haines
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

317-212-014-625

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

CERTIFICATE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

County of Canyon

City of Middleton

No. ..... St.

Hospital .....

Registration District No. 3

Primary Registration District No. 2004

File No. 100029

Registered No. 54

FULL NAME OF CHILD Anna Elizabeth Lagine

Sex of Child Female | Twin, Triplet or other? | and Number in order of birth 1st (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Mar. 17 1922 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Peter Lagine	FULL MAIDEN NAME Anna Oberg
RESIDENCE Middleton Idaho	RESIDENCE Middleton Idaho
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
COLOR White	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Montana	BIRTHPLACE Sweeden
OCCUPATION Farmer	OCCUPATION House Wife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Hauer M.D.
(Physician or midwife)

Address Middleton Idaho

Given names added from a supplemental report.

..... 19.....

Filed April 1st 1922 John L. Meyer
Registrar

..... Registrar

S-Y-CO 38071

She was a widow. One child by first marriage

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-112-014-447

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100030

County of Canyon
City of Caldwell
No. R. # 2 St.
Registration District No. 3
File No.
Hospital
Primary Registration District No. 2005
Registered No. 55

FULL NAME OF CHILD Kyle Earle Wittell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	3/12/1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: H. E. Wittell	FULL MAIDEN NAME: Clutha Dix
RESIDENCE: Caldwell, Idaho R # 2	RESIDENCE: Caldwell, Idaho R. # 2
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years): 28	AGE AT LAST BIRTHDAY (Years): 25
BIRTHPLACE: Idaho	BIRTHPLACE: Colorado
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cole
M. D.
(Physician or midwife)
Address Caldwell, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Mar. 13-1922 John L. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OF IDAHO

...MENT OF PUBLIC WELFARE

MAY 8 - 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Caldwell

Street: .....

County: Canyon

File Number: 100030

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: March 12 .....192 2.

Father: Kyle Elize Wittell (Full Name)

Mother: Clutha Eleanor Dix (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Kyle Earle Wittell

Child's Name in F...

Clutha Eleanor Wittell

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

567-163-014-336

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 100031

County of Canyon

City of Caldwell

No. ..... St. Registration District No. 9

Hospital Caldwell Sanitarium Primary Registration District No. 2005 Registered No. 56

FULL NAME OF CHILD Jack Emerson Vogt
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	Yes	3/13 192...

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: B. F. Vogt	FULL MAIDEN NAME: Flora R. Close
RESIDENCE: Caldwell, Idaho R. # 3	RESIDENCE: Caldwell, Idaho R. # 3
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Neb.	BIRTHPLACE: Ill.
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) F. M. Cole

M. D.
(Physician or midwife)

Address Caldwell, Idaho

Filed Mar. 14-1922 John A. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

014-249

OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

(If born in hospital or institution give name.)

Registratio. District No. ..... State File No. 100252

Prim. Registration District No. ..... Local Registration No. .....

1. FULL NAME OF CHILD Norman Scott Parker

2. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term	yes	Mar 13, 1922 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Benjamin Franklin Parker	18. Full maiden name: Emma Sarah Smith
10. Residence (usual place of abode) (If non-resident, give place and State): Gooding	19. Residence (usual place of abode) (If non-resident, give place and State): .....
11. Color or race: Wh | 12. Age at last birthday: 44 (years)	20. Color or race: Wh | 21. Age at last birthday: 39 (years)
Birthplace (city or place) (State or Country): Louisanna Mo	22. Birthplace (city or place) (State or Country): Arkansas City Arkansas
OCCUPATION 13. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Water master &	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
14. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Dairyman	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Hwf
16. Date (month and year) last engaged in this work ....., 19.....	17. Total time (years) spent in this work .....
25. Date (month and year) last engaged in this work ....., 19.....	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 15%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 9:20 at P m. on the date above stated.
(Born Alive or Stillborn)

When there is no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ..... M. D.

or ..... Midwife

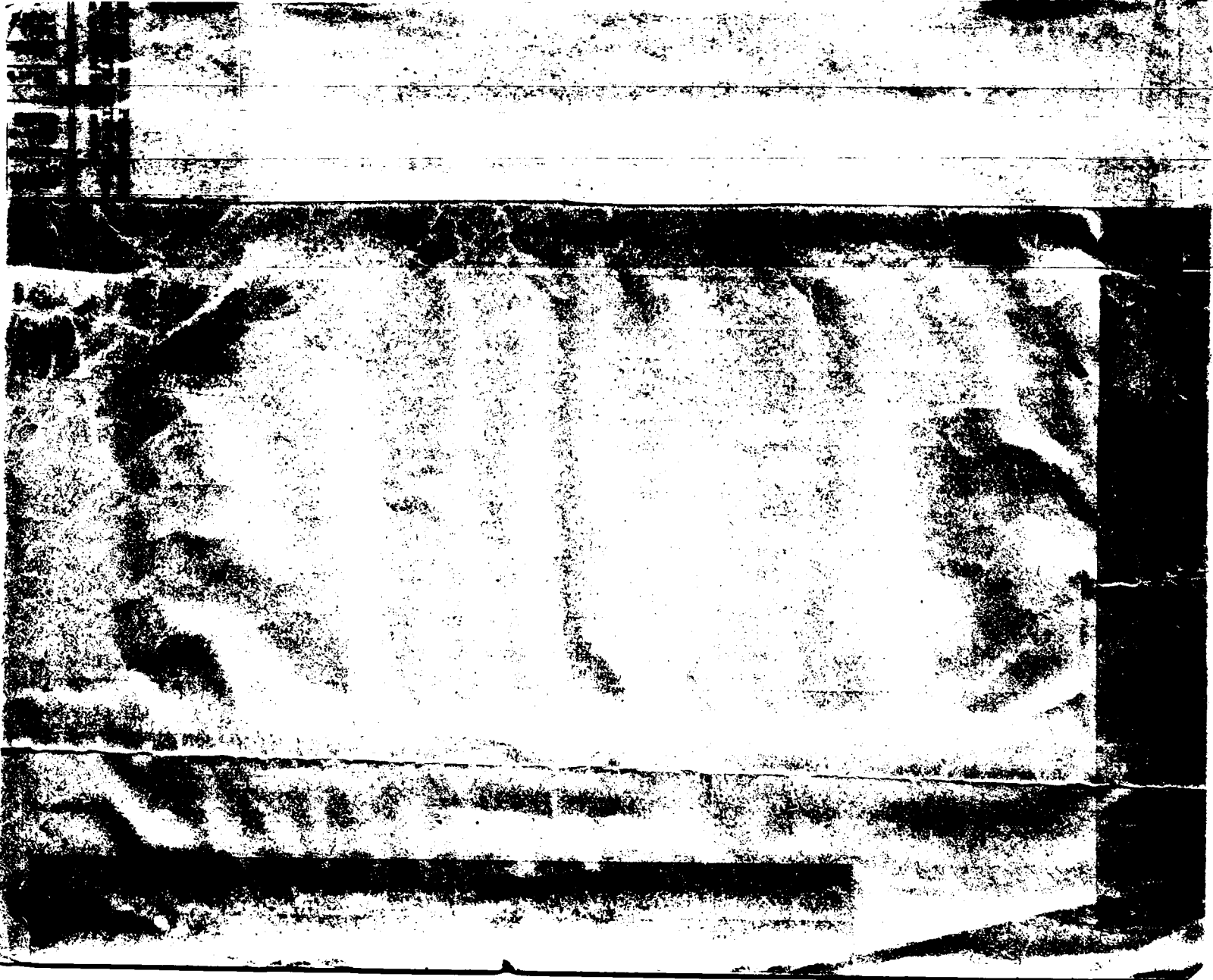
Address Caldwell, Idaho

Give name added from a supplemental report .....
(Date of)

Filed March 15, 1922 John S. Meyer
Registrar.

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. If there was more than one child at birth a Separate Return must be made for each, and the number of each in order of birth must be given in item 5.



313.213.014-339

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100033

County of Canyon
City of Caldwell
No. 902 Denver St.
Hospital
Registration District No. 9
Primary Registration District No. 2005
File No.
Registered No. 58

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

FULL NAME OF CHILD Erma Jean Calkins
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	/	/	Yes	Mar 13 1922

What bacteriocidal solution was used in eyes? Argyrol 25%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Ellis Myron Calkins	FULL MAIDEN NAME	Lydia Alice Cline
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	60 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Milledgeville, Illinois	BIRTHPLACE	David City, Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) R. G. Young M.D.
(Physician or midwife)
Address Caldwell - Idaho.

Filed May 16 1922 John V. Sneyes
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293.114.014-753

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

APR 24 1922
BUREAU OF VITAL STATISTICS

County of Canyon

City of Caldwell

Registration District No. 3

File No. 100034

No. 1007 Albany St.

Primary Registration District No. 1005

Registered No. 59

Hospital Home

FULL NAME OF CHILD Allen Lee Richards

Sex of Child Male

Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth Mar 14 (Month) (Day) 1922 (Year)

FATHER

FULL NAME Cecil Richards

RESIDENCE Caldwell Ida

COLOR White

AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Nebraska

OCCUPATION Clerk

MOTHER

FULL MAIDEN NAME Helen Peter

RESIDENCE Caldwell Ida

COLOR White

AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Edinburg Ill

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 30 A M. on the date above stated. Mar 14 1922.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Porch M.D.

(Physician or midwife)

Address Wilder Ida

Given names added from a supplemental report.

19

Registrar

Filed Mar. 24 1922 John V. Meyer Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAY

Boise, Idaho,.....192...

of your baby was not filled in on the birth certificate sent to this office. It is of vital import-
full name included in the record. Kindly fill in the information requested in the blank below
sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Caldwell

1007 Albany

Canyon

Male

File Number 100038

Registration Dist. No. .....

Date of Birth March 14 192 2

cil Roland Richards — Full Name

Mother Helen Alice Peter — Full Maiden Name

ERTIFY that the child described herein has been named:

Allen Lee Richards — Child's Name in Full

Cecil Roland Richards — Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHIL

- - - - - - - - - - -

Birth registration is part of every child's birthright.

JAN 8 1944

It establishes legally the date of the child's birth, parentag
and legitimacy.

It enables the Public Health Nurse to make sure the child ha
been protected from danger of blindness and other infections at birth

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com-

pelled to furnish certified copies of certificates of birth, it is im-
portant that the certificates be filed with the BUREAU OF VITAL STATIS
TICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

962-216-014-363

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Caldwell
No. ..... St.
Registration District No. 3
File No. 100035
Hospital .....
Primary Registration District No. 1005
Registered No. 60

FULL NAME OF CHILD Maria Marguerite Ross
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	S	1	Yes	March 16 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Fred D Ross	FULL MAIDEN NAME	Amelia Toldensdorf
RESIDENCE	Caldwell Id	RESIDENCE	Caldwell Id
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Black Jack Id	BIRTHPLACE	Adell Wis
OCCUPATION	Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:20 P.M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Lee M.D.
(Physician or midwife)
Address Caldwell

Give names added from a supplemental report.

....., 19.....
Registrar.

Filed April 15 1922 Jos. V. Meffen
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 12 1949

815-120-614-317

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100037

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

County of Canyon
City of Notus
No. R. # 1 St.
Registration District No. 3 File No.
Hospital Primary Registration District No. 2005 Registered No. 62

FULL NAME OF CHILD Glenn Aubrey Hansbrough
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	3/20/ 2 192

What bacterieidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Maurice T. Hansbrough	FULL MAIDEN NAME: Clare E. Lapp
RESIDENCE: Notus, Idaho R. # 1	RESIDENCE: Notus, Idaho R. # 1
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Mich.
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) S. F. Dudley, M. D.
(Physician or midwife)

Address Caldwell, Idaho

Filed May 22 1922 John H. Mengen Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAY 3 -

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Notus

Street: .....

County: Canyon

File Number: 100037

Registration Dist. No.: .....

Date of Birth: March 20 1922

Sex of Child: Male

Father: M. T. Hansbrough (Full Name)

Mother: Clara Edith Lapp (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Glenn Aubrey Hansbrough (Child's Name in Full)

M. T. Hansbrough Mrs. M. T. Hansb (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
ED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage
gitimacy.

It enables the Public Health Nurse to make sure the child has
rotected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
0. Just at this time while many of the Ex-Service men are com-
to furnish certified copies of certificates of birth, it is im-
that the certificates be filed with the BUREAU OF VITAL STATIS-
d the same completed by furnishing the name of the child.

rough

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

814-124-1014-644

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Caldwell
No. ..... St.
Registration District No. 3
File No. 100038
Hospital
Primary Registration District No. 2005
Registered No. 63

FULL NAME OF CHILD Hiroshi Yamanaka
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	3 24 1922

What bactericidal solution was used in eyes? No.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Hoshiro Yamanaka	FULL MAIDEN NAME	Haru Tsunagura
RESIDENCE	Caldwell Id.	RESIDENCE	Caldwell Id.
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 P. M. on the date above stated.
(Born alive or stillborn)

1 Photostat copy 4/16/42

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Abey, M.D.
(Physician or midwife)

Address Caldwell Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Mar. 28. 1922 John S. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 17 1942

MAY 7 1956

717-24-014-468

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

Registration District No. 9

File No. 100039

No. ____ St.

Primary Registration District No. 2005

Registered No. 64

Hospital Home

FULL NAME OF CHILD Edith Paxton.

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth May (Month) 24 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Geo Paxton	FULL MAIDEN NAME	Edith Doyle
RESIDENCE	Wilder Ida	RESIDENCE	Wilder Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	42
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Missouri.	BIRTHPLACE	Missouri.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 30 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo W. Paxton
Father
(Physician or midwife)

Address Wilder Ida

Given names added from a supplemental report.

_____ 19____

_____
Registrar

Filed May 25 1922 John L. Meyer
Registrar

155-124-01K-256

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 1023 Cleveland St.

Registration District No. 3

File No. 100040

Hospital

Primary Registration District No. 1005

Registered No. 65

FULL NAME OF CHILD Jack Jensen

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	3/24 2

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1

Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Ernest J. Jensen	FULL MAIDEN NAME: Marie Irene Snodgrass
RESIDENCE: Caldwell, Idaho	RESIDENCE: Caldwell, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Canada
OCCUPATION: Salesman	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) C. M. Haley

..... M. D.
(Physician or midwife)

Address Caldwell, Idaho

Filed May 24-1922 John L. Meyer Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 26 1993

534-225-014-212

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100041

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3

File No. .....

Primary Registration District No. 1005

Registered No. 66

FULL NAME OF CHILD Alice Ruth Elmore

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2	Yes	3/25 192

What bacteriocidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 4

Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Lon W. Elmore	FULL MAIDEN NAME	Edna R. Baker
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Neb.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5:50 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Dudley

M. D.

(Physician or midwife)

Address Caldwell, Idaho

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

Filed Mar. 28 1922 John L. Meyer

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAY 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAY - 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
City: Caldwell
Street: Boise Ave
County: Canyon

File Number: 100041

Registration Dist. No. .....

Date of Birth: March 25 1922

Sex of Child: Female

Father: Lon Miles Elmore
Full Name

Mother: Edna Ruth Baker
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Alice Ruth Elmore
Child's Name in Full

Lon M Elmore
Signature of Father or Mother

MAR 15 1954

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD MAR 15 1954
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

213-225-014-253

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100042

County of Canyon

City of Notus

No. ..... St.

Hospital

Registration District No. 3

Primary Registration District No. 2005

File No.

Registered No. 67

FULL NAME OF CHILD Bernice Marie Batzner

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	/	/	yes	March 25 1922

What bactericidal solution was used in eyes? 25% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	William Adam Batzner	FULL MAIDEN NAME	Florence Idena Beck
RESIDENCE	Notus	RESIDENCE	Notus
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Cabool, Missouri	BIRTHPLACE	Joplin, Missouri
OCCUPATION	Section Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Young M.D.

(Physician or midwife)

Address Caldwell, Idaho.

Filed May 26 1922 John L. Meyer

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-231-014-536

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100043

County of Canyon

City of Caldwell

No. ..... St.

BUREAU OF VITAL STATISTICS

Registration District No. 3 File No. .....

Hospital Caldwell sanitarium Primary Registration District No. 2005 Registered No. 65

FULL NAME OF CHILD Betty Winnifred Bennett
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	5/31 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Edgar N. Bennett	FULL MAIDEN NAME	Lucile Newman
RESIDENCE	Huston Idaho, R. # 2	RESIDENCE	Huston, Idaho R. # 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Oregon.	BIRTHPLACE	Tenn.
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:50 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Cole M. D.
(Physician or midwife)

Address Caldwell, Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed April 4 1922 John L. Meyer Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ST[illegible]E OF IDAHO

DE[illegible] OF PUBLIC WELFARE

MAY 8 - 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Huston
- ~~Street~~: R.D. #2
- County: Canyon

File Number: 100043

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Mar 31 1922

Father: Edgar N. Bennett (Full Name)

Mother: Rachel Lucile Newman (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Betty Winnifred Bennett
Child's Name in Full

Edgar N. Bennett
Signature of Father or Mother

SEP 10 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

PLACE OF BIRTH

231-23P014-133

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Local District No. 3 File No. 100044

Primary Registration District No. 2005 Registered No. 69

FULL NAME OF CHILD Leona Fern Stang
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	3/31 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: John Stang	FULL MAIDEN NAME: ~~Bessie~~ Elizabeth Allen
RESIDENCE: Caldwell, Idaho	RESIDENCE: Caldwell, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY (Years): 33	AGE AT LAST BIRTHDAY (Years): 31
BIRTHPLACE: Minn.	BIRTHPLACE: Mont.
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:45 P. M. on the date above stated.

(Signature) C. M. Valey

M. D.
(Physician or midwife)

Address Caldwell, Idaho

Filed April 4 1922 John L. Meyer
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-205-014-271

PLACE OF BIRTH

first name amend 5-13-85 dl

County of Canyon

City of Notus

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 100045

Primary Registration District No. 2005 Registered No. 70

FULL NAME OF CHILD ~~Gloria~~ Jane Elaine Andrews
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)	Yes	4/5 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Oral T. Andrews	FULL MAIDEN NAME	Anna V. Spaeth
RESIDENCE	Notus, Idaho	RESIDENCE	Notus, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley

M. D.
(Physician or midwife)

Address Caldwell, Idaho

Filed April 5 1922 John V. Meyer
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-6-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of California
County of Los Angeles } ss.

Rec'd Apr 19, 1985

Certificate No. 100045
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Gloria Elaine Andrews (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 5, 1922 (Date of Event)
in Notus (Canyon) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Gloria Elaine Andrews	Jane Elaine Andrews

Subscribed and sworn to before me this 17th day of
~~April~~, 19 85.
Notary Public, Debra L. Ashley
Residing at Sherman Oaks, California
My commission expires 8-29-88
(Seal) (see over for seal)

x Jane Elaine Andrews Smith
Signature of Applicant
x4534 Atoll Ave, Sherman Oaks, Ca 91423
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
_____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1cc

Family Bible dated very early in childs life obviously old record gives Jane Elaine Andrews born April 5, 1922. Viewed by V.S.

birth Certificate for Andrew Paul Smith born Sept 17, 1944 in Orange, CA lists mother as Jane Elaine Andrews born in Idaho. Age 22. Viewed by V.S.

By Debra L. Ashley
Debra L. Ashley

433-111-014-693

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED APR [illegible] BUREAU OF VITAL STATISTICS

County of Canyon

City of Nampa

Registration District No. ____ File No. 100046

No R#2 St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD George Harrison McCutchan

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	3 / 11 / 1922

FATHER	MOTHER
FULL NAME Herbert S. McCutchan	FULL MAIDEN NAME Wilma Williams
RESIDENCE R#2 - Nampa Ida	RESIDENCE R#2 - Nampa Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Montana
OCCUPATION Telegraph Operator	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo M Chilton

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report.

____ 19____

Registrar

Filed ____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 8 1961

15

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-106-01412 3

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7 File No. 100047

No. 322-6 Ave S St.

Primary Registration District No. 1006 Registered No.

Hospital

FULL NAME OF CHILD James A. Bennison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Mar. 6 1922

FATHER		MOTHER	
FULL NAME	O. E. Bennison	FULL MAIDEN NAME	Pansey A. Astel
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Illenois	BIRTHPLACE	Idaho
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 P. M. on the date above stated.

(Signature) F. B. Smith M D
By C.R.

(Physician or midwife)

Address

Filed April 18 1922 Pearle Dorris
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

962-112-014-996

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7 File No. 100048

No. 416-9th St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD. Donald Blaine Robertson

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Mar. 12 1922

FATHER	MOTHER
FULL NAME E. B. Robertson	FULL MAIDEN NAME Donna Irwin
RESIDENCE Nampa Idaho	RESIDENCE Nampa, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Kansas
OCCUPATION Lumber man	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:45A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. B. Smith
By A R.
(Physician or midwife)

Address

Given names added from a supplemental report.

19

Registrar

Filed April 10 1922 Pearle Dodds
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 1 1942

AUG 2[illegible] 1959

231-222-014-415

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Nampa
No. ____ St.
Hospital ____
Registration District No. 7
Primary Registration District No. 1806
File No. 100049
Registered No. ____

FULL NAME OF CHILD Ardeth Rose Stahl.
(Certificate of no value without full name of child.)

Sex of Child Female
Twin, Triplet or other? ____ and Number in order of birth ____
(To be answered only in event of plural births)
Legitimate? Yes
Date of birth (Month) May (Day) 22 (Year) 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate.

Number of child of this mother, including present birth 3
Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Harold R. Stahl	FULL MAIDEN NAME	Violet V. Davis.
RESIDENCE	Nampa	RESIDENCE	Nampa.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Indiana	BIRTHPLACE	Colorado.
OCCUPATION	Chef n. Cook.	OCCUPATION	H-wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 4:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. S. Fink, M.D. M.B.
(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed April 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 12 1967

369-120-014-819

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 100050

County of Canyon

City of Nampa

No. ..... St.

Registration District No. .....

Hospital .....

Primary Registration District No. 1006

Registered No. .....

FULL NAME OF CHILD Erwin Fredrick Carson

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 20 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Oliver A. Carson	FULL MAIDEN NAME	Bertha Helen Hartley
RESIDENCE	Nampa, Ida.	RESIDENCE	Nampa, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Michigan	BIRTHPLACE	Oregon
OCCUPATION	Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5-30 A. M. on the date above stated.

(Signature) Geo K Pratt M.D.

Physician

(Physician or midwife)

Address .....

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed April 10 1922 Pearle Dodds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-116-014-719

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 22 & 2nd So St.

Registration District No. ..... File No. 100051

Primary Registration District No. ..... Registered No. .....

Hospital —

FULL NAME OF CHILD Chas Gardiner Thompson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	3/16 (Month) (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	F. E. Thompson	FULL MAIDEN NAME	Mabel Gardiner
RESIDENCE	22 & 2nd St So Nampa	RESIDENCE	22 & 2nd St So Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Utah
OCCUPATION	R.R. O Shine	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W Chilton M.D.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19....

Address Nampa Ida

Filed [illegible] 10 1922 Searle [illegible]

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-10-41

142-115-014-842

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 615-8th Ave So St.

Registration District No. ____ File No. 100052

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Hubert Wayne Austin

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth (Month) (Day) (Year)
male	—		—	yes	3/18 22

FATHER		MOTHER	
FULL NAME	Geo W. Austin	FULL MAIDEN NAME	Mabel Hubert
RESIDENCE	615-8th Ave So Nampa	RESIDENCE	615-8th Ave So Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Minnesota
OCCUPATION	Mgr Gem State Hdwe. Co	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 40 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W. Clutton M.D.

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report.

____ 19____

Registrar

Filed ____ 19 22

Registrar

DEC 21 1948

165-114-014-281

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 7 File No. 100053

No. ..... St.

Primary Registration District No. 1806 Registered No. .....

Hospital Mercy

FULL NAME OF CHILD Ivan Charles Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Boy	x		x	yes	Feb	14	1922

FATHER		MOTHER	
FULL NAME	Geo. H. Jones	FULL MAIDEN NAME	Annie L. Shafer
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mo.	BIRTHPLACE	S. Dakot.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

(Signature) J. H. Murray M.D.

(Physician or midwife)

Address Nampa Idaho

Filed April 10 1922 Pearle Davis Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-131-014-799

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of Nampa
No. ..... St.
Hospital

Registration District No. 7 File No. 100054
Primary Registration District No. 2006 Registered No.

FULL NAME OF CHILD Gerald William Schmidt
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Mar. 31 1922

What bactericidal solution was used in eyes? Silver Nitrate 1 % Sol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Wm Schmidt	FULL MAIDEN NAME Anna Grimm
RESIDENCE	Nampa	Nampa
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	41
BIRTHPLACE	Nebraska	Illinois
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1- P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. K. Proctor
Physician
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed April 10 1922 Pearle Dodd Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-221-014-719

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon.
City of Nampa
No. ____ St.
Hospital

Registration District No. ____ File No. 100055
Primary Registration District No. 2056 Registered No. ____

FULL NAME OF CHILD Iris Elaine Grigg
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.			yes.	Mar. 21. 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Ammon C. Grigg	FULL MAIDEN NAME	Mary Pratt Gardner
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Farmer -	OCCUPATION	& wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2:00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. S. Finn - M.D.
M.B.
(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed April 10 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 11 1942

255-221-014-718

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

County of Canyon.
City of Nampa.
No. ..... St. ..... Registration District No. 7 File No. 100067
Hospital ..... Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Lilly Mae Kendall
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	May 21 1922

What bactericidal solution was used in eyes? 1 % Silver nitrate

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Chas. A. Kendall	FULL MAIDEN NAME	Laura Taylor
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	42.	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Oxford Ida.	BIRTHPLACE	Preston Ida
OCCUPATION	Farmer.	OCCUPATION	H wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B.M. dead, at Hilo P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M L Finch. M.D. M.D.
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed May 10 1922 Pearce Dodds Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 15 1972

819-211-014-812

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR [illegible]

CERTIFICATE OF BIRTH

100058

County of Canyon
City of Nampa
No. R-1 St.
Hospital

Registration District No. [illegible] File No.
Primary Registration District No. [illegible] Registered No.

FULL NAME OF CHILD Letha Lillian Hartman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	March 11 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Frank Hartman	FULL MAIDEN NAME	Letha Haskins
RESIDENCE	Nampa. R-1.	RESIDENCE	Nampa. R-1.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Colorado	BIRTHPLACE	Missouria
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed April 10 1922 Hearne Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JEN 27 1942

289-216-214 Amended 7-17-70
PLACE OF BIRTH 556

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED APR 2 1922 DEPARTMENT OF VITAL STATISTICS

County of Canyon
City of Nampa
No. R. # 4 St.
Hospital

Registration District No.
Primary Registration District No. 2006
File No. 100059
Registered No.

FULL NAME OF CHILD Belle Shroll
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Feb. 16 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% Sol.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Chas. E. Shroll	FULL MAIDEN NAME	Belle Newbry
RESIDENCE	Nampa R. # 4	RESIDENCE	Nampa R. # 4.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	So. Dakota	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 1-30- A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

Registrar.

Address

Filed April 10 1922 Pearl Soda
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 7 1943

JUL 28 1970

7-17-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUL 17 1970
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 100059

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Dona Belle Shroll (Name on Original Certificate) who was born (Was Born or Died) on Feb. 16, 1922 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Dona Belle Shroll	Donna Belle Shroll

Subscribed and sworn to before me this 17th day of July, 19 70

Florence Courtright

Notary Public, residing at Boise

My commission expires 4-30-70

(Seal)

Signed Florence L. Hiner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Social Security Card gives name as Donna Belle Shroll Dorsey, # 519 16 7089
Issued 1940.
Viewed by V.S.

Own childs birth certificate on file Idaho - 397532 born Oct. 29, 1944
gives name of mother as Donna Belle Shroll.
Viewed by V.S.

569-207-014-619

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100060

County of Canyon

City of Nampa Registration District No. File No.

No. St.

Hospital Mercy Primary Registration District No. 2016 Registered No.

FULL NAME OF CHILD Mary Alice Norris

Sex of Child Female | Twin Triplet or other? — | and Number in order of birth — | (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Jan 7 (Month) (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Wilbur M. Norris	FULL MAIDEN NAME Elizabeth Daugard
RESIDENCE Houston, Ida R# 1	RESIDENCE Houston, Ida R# 1
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Washington	BIRTHPLACE Illinois
OCCUPATION Farmer	OCCUPATION housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7:30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo W Chilton

(Physician or ~~midwife~~)

Address Nampa Idaho

Given names added from a supplemental report.

19

Registrar

Filed 19 22

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 8 1975

DECEASED MAR 14 1952

Amended 12-13-60

PLACE OF BIRTH

593-205-037-2553

County of Owyhee

City of Wilson, Idaho

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 100061

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Katherine Virginia Nicholas

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Feb. 5, 1922

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME: Joseph Marion Nicholas	FULL MAIDEN NAME: Mary Ellen Kelly
RESIDENCE: Wilson, Ida.	RESIDENCE: Wilson, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 41 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Canada
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2 A. M. on the date above stated.

(Signature) Samuel A. Swayne, M.D.

(Physician or midwife)

Address Melba, Ida.

Filed Mar. 20, 1922 Pearle Dodds
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 100061

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Katie Virginia Nicholas (Name on Original Certificate) who was born (Was Born or Died) on Feb. 5, 1922 (Date of Event)

in Melba, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Katie Virginia Nicholas	Katherine Virginia Nicholas
Child's Birthplace	Melba	Wilson, Idaho

Subscribed and sworn to before me this 25th day of November, 1960

[illegible]

Notary Public, residing at Boise

My commission expires 2/5/63

(Seal)

Signed Ella T. (Nicholas) Proisch

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1310 - Columbus Boise Ida.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of November, 1960

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 L 10-27-60. ~~one copy~~ Two copies pd.

Certificate of Baptism, Church of St. Paul, Nampa, Idaho, April 27, 1922 gives full name of child as Katherine Virginia Nicholas, born February 5, 1922 at Wilson, Idaho to J. M. Nicholas and Mary Ellen Kelly - viewed by V.S.

Own Child's Birth Certificate on file: #443835 gives full maiden name of mother as Katherine Virginia Nicholas, born in Wilson, Idaho - viewed by V.S.

614-114, 614-315

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of Melba

No. ..... St.

Registration District No. 7 File No. 100062

Hospital ..... Primary Registration District No. [illegible] Registered No. .....

FULL NAME OF CHILD Richard William Wade
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Mar 14 1922

What bactericidal solution was used in eyes? Argyrole 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Granville Jacob Wade	FULL MAIDEN NAME	Susie Francis Lane
RESIDENCE	Melba, Id	RESIDENCE	Melba, Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Nebraska.	BIRTHPLACE	Missouri.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swayne
Melba, Id.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address .....

Filed [illegible] 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-225-014-433

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100063

RECEIVED
APR
BUREAU OF VITAL STATISTICS

County of Canyon
City of Melba
No. ..... St. .....
Hospital .....

Registration District No. 7 File No. .....
Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD Virginia May McKinney
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb 29 1922

What bacteriolidal solution was used in eyes? Argyrole 10 %

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Clarence Eugene McKinney	FULL MAIDEN NAME	Nellie May McComb
RESIDENCE	Melba, Ida	RESIDENCE	Melba, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Rail Road Employee	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11. A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Sycamore
Melba, Ida
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Mar. 20 1922 Pearl Evans
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

867-122-01K-459

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Melba

No. ..... St.

Hospital .....

Registration District No. 7 File No. 100064

Primary Registration District No. 2006 Registered No. .....

FULL NAME OF CHILD George Washington Hopper.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb 22 1922

What bacteriolidal solution was used in eyes? Argyrole 1.0%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	William Burton Hopper	FULL MAIDEN NAME	Mary Weibel
RESIDENCE	Wilson, Id	RESIDENCE	Wilson, Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Missouri	BIRTHPLACE	Switzerland
OCCUPATION	School Teacher	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swayne

Melba, Id
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Mar. 20 1922 Pearle Steele
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 25 1941

632-167-014-367

PLACE OF BIRTH

APR 21 1922

BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100065

County of Canyon

City of Melba

No. ____ St.

Registration District No. 7

File No. ____

Hospital ____

Primary Registration District No. 206

Registered No. ____

FULL NAME OF CHILD Ivan Gerald Olsen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb 17 1922

What bacteriocidal solution was used in eyes? Argyrol 10 %

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	James Wm Olsen	Full Maiden Name: Carrie Ellen Cox
RESIDENCE	Melba, Id	Melba, Id
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	27
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel W Swayne

(Physician or midwife) Melba, Id

Address ____

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Mar 20 1922 Pearle Dodds
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 1970

SEP 14 1944

999-111-014-553

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Melba

No. ..... St.

Registration District No. ..... File No. 100066

Hospital ..... Primary Registration District No. [illegible] Registered No. .....

FULL NAME OF CHILD Carl Orville Irish
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Feb 11 1922

What bactericidal solution was used in eyes? Argyrole 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Carl Ward Irish	FULL MAIDEN NAME	Rose Pearl Nelson
RESIDENCE	Wilson, Id	RESIDENCE	Wilson, Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel A Swayne
Melba Id
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address .....

Filed [illegible] 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 8 1974

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

239-113-014-693

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. R R No 1 St.

Registration District No. 7 File No. 100069

Hospital

Primary Registration District No. 7330 Registered No.

FULL NAME OF CHILD Robert Lynn Kline

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti mate?	Date of Birth (Month)	(Day)	19 (Year)
Boy				yes	Feb	13	1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A W Kline	Alice Withers
RESIDENCE	Nampa Idaho	Nampa Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	47	40
BIRTHPLACE	West Virginia	Texas
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8:45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) J H Murray M.D.
(Physician or midwife)

Address Nampa Idaho

Filed Mar 19 1922

Registrar

SEP 17 1973

997-226.014-647

Form V. S. No. 11-C—[illegible]-8-17

PLACE OF BIRTH

RECEIVED APR 21 192 BUREAU OF STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Parma Registration District No. 3 File No. 100070

No. 8 Mi. N. W.

Primary Registration District No. 2007 Registered No. 22

Hospital

FULL NAME OF CHILD Irene Tigawa

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		—	Yes	Feb. 26 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	S. Tigawa	FULL MAIDEN NAME	T. Fugamela
RESIDENCE	Parma R#2	RESIDENCE	Parma R#2
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Sarazin MD.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Nyssa Ore

Registrar

Filed 4/10 1922 Lulu Waldron Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-215-014-453

Form V. S. No. 11-C—2Mm-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

RECEIVED

City of Parma

Registration District No. 3

File No. 100071

No. 7 Mo. N. 12 St.

Primary Registration District No. 2007

Registered No. 28

Hospital

FULL NAME OF CHILD Mary Louise Marenholtz

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	Yes	Feb. 15 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	WALTER RAUL W. L. Marenholtz	FULL MAIDEN NAME	Lucy Melton
RESIDENCE	Parma R#2	RESIDENCE	Parma R#2
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Poucher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Parazin

Phys (Physician or midwife)

Given names added from a supplemental report.

Address Nyssa Ore

19

Registrar

Filed 4-10 1922 Lulu Waldrop Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Dup of 1922-1911 6 8

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

MAY 9 - 1922

Boise, Idaho, May 12 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Parma Ida

Street: R.F.D. 2

County: Payette

File Number: 100071

Registration Dist. No.:

Date of Birth: Feb 15 1922

Sex of Child: Female

Father: Walter Paul Marenholtz (Full Name)

Mother: Lucy Melton (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mary Louise Marenholtz
Child's Name in Full

Mrs. W. P. Marenholtz
Signature of Father or Mother

NOV 8 1949

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

DUP OF 1922-1948

219-116-014-964

RECEIVED
APR 21
BUREAU

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. 3

File No. 100072

No. 5 Mi. N. St.

Primary Registration District No. 2007

Registered No. 27

Hospital

FULL NAME OF CHILD Delbert Richard Baze

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	yes	Feb 16 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Andy Baze	FULL MAIDEN NAME	Gale W. Pomph
RESIDENCE	Parma R#2	RESIDENCE	Parma R#2
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mexico	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Saragin MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address Nyssa Ore

Registrar

Filed 4-10 1922 Lulu Neldson Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 5 1966

259-111-014-281

Form T. S. No. 11-C—[illegible]-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

County of Canyon

City of Parma

No. 5 mi. N. W. St.

Hospital .....

Registration District No. 3

File No. 100073

Primary Registration District No. 2007

Registered No. 23

FULL NAME OF CHILD Knittle, Chester Browning

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	Yes	Mar 11 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. W. Knittle	FULL MAIDEN NAME	Mary Shaw
RESIDENCE	Parma R.F.D.	RESIDENCE	Parma R.F.D.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Ida
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Saragin MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Nyssa Ore

Filed 4/10 1922 Luke Waldrop

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JAN 31 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAY 8 - 1922

Boise, Idaho, ... 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Parma

Street: .....

County: Canyon

File Number: 100073

Registration Dist. No. .....

Date of Birth: March 11 192 2

Sex of Child: Male

Father: Charles Wesley Knittle (Full Name) Mother: Anna Jane Nicholas (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Chester Browning Knittle
Child's Name in Full

C. W. Knittle
Signature of Father or Mother

DEC 29 1941

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

135-1190 [redacted]

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

County of Canyon

City of Parma

No. ..... St.

Hospital .....

Registration District No. 3

File No. 100074

Primary Registration District No. 2007

Registered No. 26

FULL NAME OF CHILD William John Aten

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Mar. 19 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter R. Aten	FULL MAIDEN NAME	Verna May Phillips
RESIDENCE	Parma R#3	RESIDENCE	Parma R#3
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William E. Waldorf M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 4-10 1922 Lulu Waldorf Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

CERTIFICATE OF BIRTH

Registration District No. File No.

Primary Registration District No. Reg. and No.

Name of

FULL NAME OF CHILD

Sex of Child	Date of Birth	Number of Children of this mother now living, including [illegible]

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
RESIDENCE		RESIDENCE	
AGE	AGE AT LAST BIRTHDAY	COLOR	AGE AT LAST BIRTHDAY
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of children of this mother now living, including [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was [illegible]

(Hour of birth or stillbirth)

(Signature)

(Physician or midwife)

Given any other information or supplemental report.

Address

Date

Signature

813-125-01 49-3

PLACE OF BIRTH

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Roswell Precinct

No. ..... St.

Hospital .....

Registration District No. 3

File No. 100075

Primary Registration District No. 2007

Registered No. 27

Full Name of Child Duwayne Hall

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Mas			yes	March 25 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. G. Hall	FULL MAIDEN NAME	Rose Ethel Dillon
RESIDENCE	Parma R.I.	RESIDENCE	Parma R.I.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	Forty Four (Years)	AGE AT LAST BIRTHDAY	35 yrs. (Years)
BIRTHPLACE	Sandwich Ill.	BIRTHPLACE	Beardsley Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Eight Number of children of this mother now living, including present birth Five

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Registrar

Address .....

Filed 4-10 1922 [signature] Registrar

[redacted]

NOV 17 1941

FEB 18 1972

719-221-016-262

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Malta

No. ..... St.

Hospital At home

Registration District No. 119 File No. 100076

Primary Registration District No. 2198 Registered No. .....

FULL NAME OF CHILD Margaret Anna Parke

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Mar 21 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ira Curtis Parke	FULL MAIDEN NAME	Anna May Kossman
RESIDENCE	~~Malta~~ Albion Idaho	RESIDENCE	Albion Idaho
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Albion Idaho	BIRTHPLACE	Malta Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C I Sater M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malta Idaho

Filed Apr 10 1922 C I Sater

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAY 24 1922
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAY 8 - 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malta

Street: .....

County: Cassia

File Number: 100076

Registration Dist. No.: 7

Sex of Child: Female

Date of Birth: March 21, 1922

Father: Ira Curtis Parke (Full Name)

Mother: Anna May Kooseman (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Margaret Anne Parke
Child's Name in Full

Mrs. Ira C. Parke
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

663-113-016-623

PLACE OF BIRTH

Form ~~V. S. No.~~ 21-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Malta

Registration District No. 119

File No. 100077

No. ..... St.

Hospital At home

Primary Registration District No. 2198

Registered No. .....

FULL NAME OF CHILD HAROLD EUGENE WOLVERTON

Sex of Child Male | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of Birth Mar 13 (Month) (Day) 1922 (Year)

FATHER

FULL NAME William H Wolverton

RESIDENCE Malta Ida

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Robin Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Edith Osborn

RESIDENCE Malta Idaho

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Ecba Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 A M. on the date above stated.
(Born alive or stillborn)

(Signature) C J Slater M D

(Physician or midwife)

Address Malta Idaho

Filed Apr 10 1922 C Slater
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO OCT 27 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jerome

Certificate No. 100077

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Harold Eugene Wolverton (Name on Original Certificate) who 3-13- (Was Born or ~~Died~~) on 1922 (Date of Event) in Malta Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Baptism and confirmation (Bible Record, Insurance Policy, Etc.) prepared on Mar. 1 - 1931 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	No name	Harold Eugene Wolverton

Subscribed and sworn to before me this 18th day of September, 1942

William G. Comstock

~~Notary~~ Public, residing at Jerome

My commission expires 5-13-40
(Seal)

Probate Judge & Ex-Officio Clerk

Signed Mrs W H Wolverton mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of Sept 1942

Andrew Clarke

Notary Public, residing at

My commission expires
(Seal)

NOTARY PUBLIC IN AND FOR THE STATE OF IDAHO, RESIDING AT DECLO, IDAHO. MY COMMISSION EXPIRES MAY 17, 1943.

Signed Mrs Lillie Osterhout
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 21 1975

OCT 28 1942

234-117-016-813

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Bridge

Registration District No. 119 File No. 100078

No. ..... St.

Hospital At Home

Primary Registration District No. 2198 Registered No. .....

FULL NAME OF CHILD Seymour Sturgill, Jr.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Mar 17 1922

FATHER		MOTHER	
FULL NAME	Seymour Sturgill	FULL MAIDEN NAME	Flossie Hall
RESIDENCE	Bridge Idaho	RESIDENCE	Bridge Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Kentucky
OCCUPATION	School Teacher	OCCUPATION	Home Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 5 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Slater MD
(Physician or midwife)

Address Malta Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed Apr. 10, 1922 C. F. Slater
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/24/41 L. B.

MAY 4 1988

612-221-016-26P

PLACE OF BIRTH

Amended 8/22/77

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7[illegible]

CERTIFICATE OF BIRTH

County of Cassia

City of ~~Almo~~ Malta

Registration District No. 119

File No. 100079

No. _____ St.

Hospital At home

Primary Registration District No. 298

Registered No. _____

FULL NAME OF CHILD Marjorie Wake

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Feb. 21 1922

FATHER		MOTHER	
FULL NAME	Robert Charles Wake	FULL MAIDEN NAME	Margie Ellen Boyle
RESIDENCE	Malta Idaho	RESIDENCE	Malta Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	2[illegible] (Years)
BIRTHPLACE	Almo Idaho	BIRTHPLACE	Garland Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Salen MD
(Physician or midwife)

Address Malta Idaho

Given names added from a supplemental report.

19___

Registrar

Filed Feb 19 22 C. F. Salen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malta

Place of Birth — Street: Idaho

Place of Birth — County: Cassia

File Number: 100079

Registration Dist. No.: 7

Sex of Child: Female

Date of Birth: Feb. 21, 1922

Father: Robert Charles Ware (Full Name)

Mother: Margie Ellen Boyle (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Margery Ware
Child's Name in Full

Mrs. R. C. Ware
Signature of Father or Mother

SEP 27 1944

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 5 9 05 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

?Certificate No. 100079

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Margery Wake (Name on Original Certificate) who was born (Was Born or Died) on Feb 21, 1922 (Date of Event)
in Malta, Idaho (Cassia) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Margery Wake	Marjorie Wake

Subscribed and sworn to before me this 24th day of
June, 1977

Notary Public, residing at Malta
My commission expires 4-1-80
(Seal)

Signed X Margie E. Wake
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 6/16/77 ret'd $5 check

Insurance policy from Pacific National Life Assurance Co. gives name as Judy E. Hunt, Daughterof the insured Marjorie W. Hunt. viewed by VS. dated June 20, 1947.

AUG 25 1977

Certif of Blessing from the LDS Church gives name as Sally Lynn Peterson daughter of Mylo L. Peterson and Marjorie Wake. born Jan 30,1951 at Burley, Idaho. Blessed Mar 4, 1951. viewed by V. S.

712-221-016-814 Name added 9/27/83 lh

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Malta

No. ..... St.

Registration District No. 119 File No. 100080

Hospital At Home

Primary Registration District No. 2198 Registered No. .....

FULL NAME OF CHILD Mary Hadfield Paskett

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? yes | Date of Birth Feb (Month) 21 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Frank Paskett	FULL MAIDEN NAME Jessie Hadfield
RESIDENCE Malta Idaho	RESIDENCE Malta Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Grouse creek Utah	BIRTHPLACE England
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C J Salter MD

(Physician or midwife)

Address Malta Idaho

Given names added from a supplemental report. ..... 19....

Filed Mar 10 1922 C J Salter

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9/27/83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 21 3 39 PM '83

State of Idaho
County of Ada } ss.

Certificate No. 100080
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Paskett (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb. 21, 1922 (Date of Event)

in Malta, ID Cassia (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Name of child	omitted	Mary Hadfield Paskett

Subscribed and sworn to before me this 27th day of September, 1983.

Notary Public, Linda Hickman

Residing at Boise

My commission expires April 3, 1985

(Seal)

Mary P. Corbridge
Signature of Applicant

1922 Judith St SLC
Street Address, City, State

Salt Lake Utah

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

SEP 27 1983

Certificate of Baptism of Mary Hadfield Paskett daughter of Frank and Jessie (Hadfield) Paskett born 1922 at Malta, Cassia, Idaho. Baptized on Oct. 1930 in LDS Church.
Viewed by V.S.

Certificate of Blessing of Mary H. Paskett daughter of Frank and Jessie (Hadfield) Paskett born 1922 at Malta, Cassia, Idaho was blessed Apr. 2, 1922 in the LDS Church.
Viewed by V.S.

318-107-016-449 amend 1st name 11-4-83 dl

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Almo Idaho Registration District No. 119 File No. 100081

No. ..... St.

Hospital At home Primary Registration District No. 2198 Registered No. .....

FULL NAME OF CHILD Zennith Ivan Taylor

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	Feb 7 1922

FATHER		MOTHER	
FULL NAME	Herman H Taylor	FULL MAIDEN NAME	Sarah Ellen Hufford
RESIDENCE	Almo Idaho	RESIDENCE	almo Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Blue Creek Utah	BIRTHPLACE	Beaver Hamo Utah
OCCUPATION	farming	OCCUPATION	housekeeping

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2-30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Green
midwife
(Physician or midwife)

Address almo Idaho

Given names added from a supplemental report.

..... 19.....

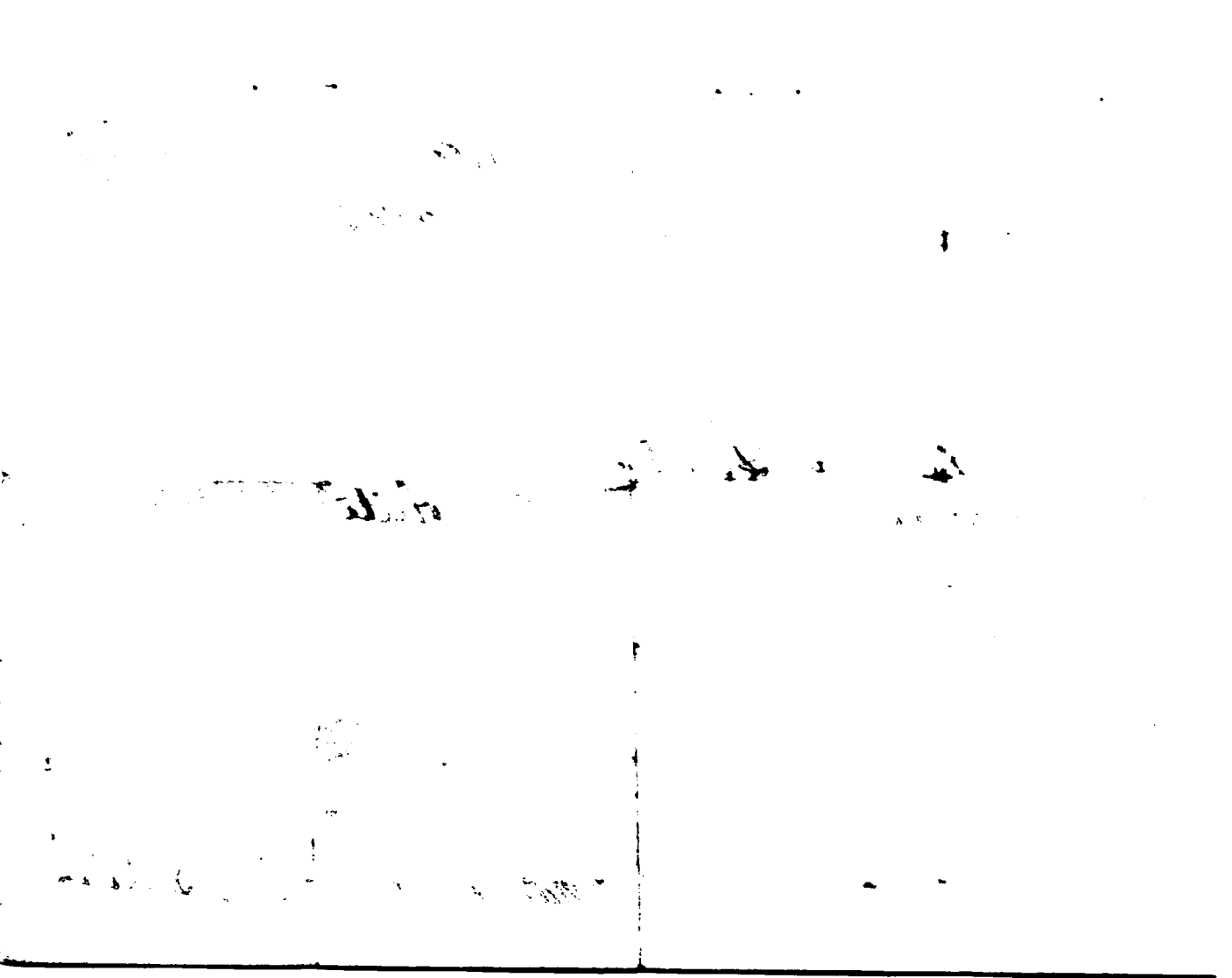
Registrar

Filed Mar 10 1922 C. J. Salen
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



5-16-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
NOV 2 2 06 PM '83

State of Idaho
County of Cassia } ss.

Certificate No. 100081
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Zeniff Ivan Taylor (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb 7, 1922 (Date of Event)

in Almo (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs first name	Zeniff	Zennith

Subscribed and sworn to before me this 28th day of October 19 83.

Notary Public, Dustie G. Clark

Residing at Albion, Idaho

My commission expires 1/7/85

(Seal)

x Zennith Ivan Taylor
Signature of Applicant

Almo, Idaho 83312
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of October 19 83.

Notary Public, Dustie G. Clark

Residing at Albion, Idaho 83311

My commission expires 1/7/85

(Seal)

Wesley N Rice
Supporting Signature

Almo Ida 83312
Street Address, City, State

lcc pd

Certificate of Ordination from LDS Church gives Zennith Ivan Taylor was ordained an elder on Sept 27, 1942. Viewed by V.S.

NOV 4 1999

Certificate of Ordination from LDS Church gives Zennith Ivan Taylor was ordained a Deacon on Dec 16, 1934. Viewed by V.S.

719-109-016-213

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Heglar

Registration District No. 119 File No. 100082

No. ..... St.

Hospital at home Primary Registration District No. 2198 Registered No. .....

FULL NAME OF CHILD Glen Richard Parr

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Feb (Month) 9 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry D. Parr	FULL MAIDEN NAME	Laura A Batterton
RESIDENCE	Heglar Idaho	RESIDENCE	Heglar Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Satin MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed Mar 10 1922 C J Satin

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

193-10-966-793

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia
City of Burley
No. ..... St.
Registration District No. 117
File No. 100084
Hospital
Primary Registration District No. 2196
Registered No. 2236

FULL NAME OF CHILD Thomas Glenn Mitchell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? — and	Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Mar 6 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Arthur Mitchell	FULL MAIDEN NAME	Jessie Giles
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Knof

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Carter M.D.
(Physician or midwife)

Address Burley Ida

Filed Apr 8 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAY 1 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAY 8 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Place of Birth — Street:

Place of Birth — County: Cassia Co

File Number: 100084

Registration Dist. No.:

Sex of Child: Male

Date of Birth: March 1st 1922

Father: Arthur Mitchell (Full Name)

Mother: Jessie Giles (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Thomas Glenn Mitchell

Child's Name in Full

Jessie Mitchell

Signature of Father or Mother

MAY 3 1 1996

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

213-102-016-386

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100085

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117

File No. .....

Hospital .....

Primary Registration District No. 2196

Registered No. 2235

FULL NAME OF CHILD Jesse Allen Bateman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	Mar 2 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Joseph Bateman	FULL MAIDEN NAME	Doris Lyons
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Ida	BIRTHPLACE	Ida.
OCCUPATION	Laborer	OCCUPATION	Prof.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Cutler
M.D.
(Physician or midwife)

Address Burley Ida

Filed Apr. 8 1922 Dr. J. S. Patterson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-204-216-713

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 100086

Primary Registration District No. 2196 Registered No. 2234

FULL NAME OF CHILD Ruth Garrett
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	Mar 4 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Jos B. Garrett	FULL MAIDEN NAME	Barbara Patterson
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Hwf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:20 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. H. Cutler

M.D.
(Physician or midwife)

Address Burley Ida

Filed Apr. 8 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1922

VITAL STATISTICS

DEP. .C WELFARE

MAY 8 - 1922

Boise, Idaho, ...192...

ear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importice to have the full name included in the record. Kindly fill in the information requested in the blank below id return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

---

lace of irth — City ..... Burley .....

Street .....

County ... Cassia .....

File Number ..... 100086 .....

Registration Dist. No. .....

ex of Child ..... Female .....

Date of Birth .. Mar. 4 .....192 2.

ther .. Jos. Burgess Garrett .. Mother Barbara Mary Patterson

Full Name — Full Maiden Name

HEREBY CERTIFY that the child described herein has been named:

..... Ruth Garrett .....

Child's Name in Full

..... Barbara P. Garrett .....

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

314-109-016-253

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

County of Cassia

City of Burley

No. ..... St. Registration District No. 117 File No. 100087

Hospital ..... Primary Registration District No. 2196 Registered No. 2233

FULL NAME OF CHILD Charles Bryan Campbell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	Mar 9 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag no 3 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	James R Campbell	FULL MAIDEN NAME	Jennie Kelley
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Blacksmith	OCCUPATION	Hwf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 oc P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F H Cutler
MD
(Physician or midwife)

Address Burley Idaho

Filed Apr 7 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAY 8 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Burley; Street ...; County Cassia

File Number 100087

Registration Dist. No. ...

Sex of Child Male

Date of Birth March 9 1922

Father James R. Campbell (Full Name)

Mother Jennie Kelley (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Charles Bryan Campbell
Child's Name in Full

J. R. Campbell
Signature of Father or Mother

MAR 3 1942

APR 17 1968

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

1945 FEB 28

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

133-220-016-255

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100088

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117

File No. .....

Hospital .....

Primary Registration District No. 2196

Registered No. 2232

FULL NAME OF CHILD Cora Erma Allen

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	—	Yes	May 20 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	E. L. Allen	FULL MAIDEN NAME	Bertha M Kent
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Hwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.20 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Carter M.D.

(Physician or midwife)

Address Burley Ida

Give names added from a supplemental report.

....., 19.....

Filed Apr 7 1922 W. J. C. Patterson

Registrar.

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAY 8 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley Idaho

Street: .....

County: Cassia

File Number: 100088

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: Mar 20th 192.2

Father: Edward Lewis Allen (Full Name)

Mother: Bertha Mertella Kent Allen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Cora Emma Allen

Child's Name in Full

Edward Lewis Allen

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

296-209-016-449

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 100089

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117

Hospital .....

Primary Registration District No. 2196

Registered No. 2231

FULL NAME OF CHILD Norma Brower

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Mar 9 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	J O Brower	FULL MAIDEN NAME	Lillie Durney
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ut
OCCUPATION	Labour	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) F W Carter

M.D. (Physician or midwife)

Address Burley Ida

Filed Apr. 7 1922 Dr. J. C. Pontius Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 21 1974

APR 7 1943

165-226-016-163

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 44 File No. 100091

Primary Registration District No. 2196 Registered No. 2229

FULL NAME OF CHILD Ethel Fern Moncur
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Mar 26 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 13 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	W. Moncur	FULL MAIDEN NAME	Anne Jolley
RESIDENCE	Burley Ida.	RESIDENCE	Burley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Farming	OCCUPATION	Hsf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician

(Physician or midwife)

Address Burley Ida.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Apr. 3 - 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

RECEIVED
MAY 15 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAY 8 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street:

County: Cassia

File Number: 100091

Registration Dist. No.:

Sex of Child: Female

Date of Birth: March 26 1922

Father: Wallace Mercer (Full Name)

Mother: Annie Galley (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ethel Jean Mercer
Child's Name in Full

Annie Mercer
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

418-207-016-000

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

County of Cassia
City of Churchill
No. ..... St.
Registration District No. 117
File No. 100092
Hospital .....
Primary Registration District No. 2196
Registered No. 2228

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Feb. 7 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Enoch M. Dayley	FULL MAIDEN NAME	Alice M. — —
RESIDENCE	Churchill Ida.	RESIDENCE	Churchill. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Lynch Creek. Ida	BIRTHPLACE	Fon Du Lac. Wis.
OCCUPATION	Farming.	OCCUPATION	Hsf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) **at** — — **M. on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) (No Physician) Mrs Etta Harrison & Rose Craner in attendance
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Apr. 4 1922 Dr. J. L. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

214-230-016-997

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
Bureau of Vital Statistics

CERTIFICATE OF BIRTH 100093

County of Cassia
City of Burley
No. 6 St.
Registration District No. 117
File No.
Hospital
Primary Registration District No. 2196
Registered No. 2227

FULL NAME OF CHILD Fern R. Baugh
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	— and —	—	Yes	Oct. 30 1921

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Wm. Baugh	FULL MAIDEN NAME	Mary Riggs
RESIDENCE	Burley, (Mutty)	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Wellsville, Ut.	BIRTHPLACE	Clarkston, Ut.
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11.50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. V. Parks
(Physician or midwife)
Address Burley, Ida.
Filed Apr. 4 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 29 1964

266-129016-345

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100094

County of Cassia

City of Burley (Unity)

No. 6 St.

Registration District No. 117

File No.

Hospital

Primary Registration District No. 2196

Registered No. 2226

FULL NAME OF CHILD LEWIS LeROY Bowen

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	— and —		Yes	March 29 1922

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 5th Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME Daniel Bowen	FULL MAIDEN NAME Ida E. Mueller
RESIDENCE Burley (Unity)	RESIDENCE Burley
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Salt Lake County, Ut.	BIRTHPLACE Bear Lake, Ut.
OCCUPATION Farmer	OCCUPATION Home

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) P. V. Parker

(Physician or midwife)

Address Burley, Ida.

Filed Apr. 4 1922 H. J. Patterson Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-120-016-385

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 21 1922 BUREAU OF VITAL

CERTIFICATE OF BIRTH

100097

County of Bassia

City of R.F.D. Rupert, Ida

No. ..... St.

Registration District No. 117 File No. .....

Hospital ..... Primary Registration District No. 2196 Registered No. 2223

FULL NAME OF CHILD Myron Jay Carraway
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin		2	yes	Mar. 20 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol 25% Sol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	James Joshua Carraway	FULL MAIDEN NAME	Nellie May Teene
RESIDENCE	Bassia Co. R.F.D. Rupert Ida	RESIDENCE	Bassia Co. R.F.D. Rupert Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	North Carolina	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4.00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier
Physician
(Physician or midwife)

Address Rupert, Idaho

Filed Apr. 1 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/26'41 Z.J.

319-220-016-355

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100098

County of Cassia

City of R7D. Rupert

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 2223

FULL NAME OF CHILD Marjorie May Barraway

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	1	Yes	May 20th 1922

What bactericidal solution was used in eyes? Argyrol 25% Sol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME James Joshua Barraway	FULL MAIDEN NAME Nellie May Teem
RESIDENCE Cassia Co. R7D Rupert Ida.	RESIDENCE Cassia Co. R7D. Rupert Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 51 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE North Carolina	BIRTHPLACE Colorado
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 20 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Trapin

Physician

(Physician or midwife)

Address Rupert, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Apr. 1 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 8 1972

275-220-016-141

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. 521 6 1st St.

Hospital

Registration District No. 117 File No. 100099

Primary Registration District No. 2196 Registered No. 2226

FULL NAME OF CHILD Donna Rae Spencer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	2nd	Yes	Mar 20 1922

	FATHER	MOTHER
FULL NAME	George Mark Spencer	FULL MAIDEN NAME Susie Ann Adams
RESIDENCE	Burley Ida	Burley Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	28
BIRTHPLACE	Montrose Kansas	Marian Ida
OCCUPATION	Common Labor	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 45 P. M. on the date above stated.

(Signature) C. A. Rich

Physician (Physician or midwife)

Address Burley Idaho

Filed Mar 31 1922 Percy L. Patterson Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RESERVED FOR BINDING.

SEP 2 [illegible] SAUG 2 [illegible]

SEP 3 1947

275-120-016-191

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

CERTIFICATE OF BIRTH

100100

County of Cassia

City of Burley

No. 521 E. 1st St.

Registration District No. 117 File No.

Primary Registration District No. 2196 Registered No. 2220

Hospital

FULL NAME OF CHILD Donald E Spencer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin	1st	Yes	Mar 20 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Mark Spencer	Susie Ann Adams
RESIDENCE	Burley Ida	Burley Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	28
BIRTHPLACE	Montrose Kansas	Marian Ida
OCCUPATION	Common Labor	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) C. A. Rich

Physician

(Physician or midwife)

Address Burley Ida

Filed Mar 31 1922 P. J. C. Patterson

Registrar

FOR BINDING.

WRITE PLAINLY WITH PEN AND INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child born at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

SEP 9 19

766-227-016-365

PLACE OF BIRTH

RECEIVED
APR 21 1926
BUREAU

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100101

County of Cassia

City of Burley

No. 1062 N. Overland St.

Registration District No. 117 File No.

Primary Registration District No. 2196 Registered No. 2219

Hospital

FULL NAME OF CHILD Phyllis M. Powell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	March (Month) 27 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	William Jennings Powell	FULL MAIDEN NAME	Isabel Loveland
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Albion Ida	BIRTHPLACE	Calls Fort Utah
OCCUPATION	Truck Driver	OCCUPATION	Housewife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Rich

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Burley Ida

Filed Mar 31 1922 Dr. J. C. Patterson Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-18-41 G. J.

632-22-9016696

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF
STATS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

100102

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 2218

FULL NAME OF CHILD Cora Veleria Olson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	March 29 1922

	FATHER	MOTHER
FULL NAME	William Olson	FULL MAIDEN NAME Nancy Fay Frost
RESIDENCE	Burley Ida	Burley Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23.	21
BIRTHPLACE	Bridge Idaho	Coyote Utah
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.50 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) C. A. Rich

Physician

(Physician or midwife)

Address Burley Ida

Filed Mar 31 19 22 D. J. C. Patterson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 29 1961

912-231-016-319

PLACE OF BIRTH

RECEIVED APR 2 1922 BUREAU OF VITAL

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

100103

County of Cassia

City of Burley

Registration District No. 117 File No.

No. St.

Primary Registration District No. 2196 Registered No. 2217

Hospital

FULL NAME OF CHILD Melba Anna Rasmussen

Sex of Child	Twin / Triplet / or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)		2nd	Yes	March 31 1922

FATHER	MOTHER
FULL NAME Carl Alfred Rasmussen	FULL MAIDEN NAME Elizabeth Laurenda Larsen
RESIDENCE Burley Ida.	RESIDENCE Burley Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Copenhagen Denmark.	BIRTHPLACE Hiram Utah.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 50 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Rich

Physician
(Physician or midwife)

Address Burley Idaho.

Given names added from a supplemental report.

19

Registrar

Filed Mar 31 19 22 Dr. J. C. Palmer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAY 13 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAY 8 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Springdale

Street:

County: Cassia

File Number: 100103

Registration Dist. No.: 30

Sex of Child: Female

Date of Birth: March 31 192.2

Father: Carl Alfred Rasmussen (Full Name) Mother: Eliza Lawinda Larsen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Twin girls Eliza Rasmussen and Melba Anna Rasmussen (Child's Name in Full)

Lawinda Rasmussen (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF C

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parc and legitimacy.

It enables the Public Health Nurse to make sure the chil been protected from danger of blindness and other infections at b

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are pelled to furnish certified copies of certificates of birth, it is portant that the certificates be filed with the BUREAU OF VITAL STA TICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

912.231.016.319

PLACE OF BIRTH

RECEIVED
APR 2 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 117

File No. 100104

No. ..... St.

Primary Registration District No. 2196

Registered No. 2216

Hospital .....

FULL NAME OF CHILD ✓ Mabel Eliza Rasmussen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	1st	Yes	March 31 1922

FATHER	MOTHER
FULL NAME: Carl Alfred Rasmussen	FULL MAIDEN NAME: Elizabeth Laurenda Larsen
RESIDENCE: Burley Idaho.	RESIDENCE: Burley Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Copenhagen Denmark	BIRTHPLACE: Hiram Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.30 P. M. on the date above stated.

(Signature) C. A. Rich
Physician.
(Physician or midwife)

Address Burley Ida.

Filed Mar 31 1922 Dr. J. C Patterson
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 14 1945

238-130-016-239

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

RECEIVED APR 2 1922 BUREAU

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100105

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 2215

FULL NAME OF CHILD Charles Wesley Schenk.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	Mar 3 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME J. E. Schenk.	FULL MAIDEN NAME Florence A. Stryker
RESIDENCE Burley Ida.	RESIDENCE Burley Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Kansas.	BIRTHPLACE Net.
OCCUPATION Farming	OCCUPATION Hsf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, **at** 11:45 P. M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Dr. J. E. Patterson
Physician
(Physician or midwife)

Address Burley Ida

Filed Mar 31 1922 Dr. J. E. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

38-203-066619

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU

CERTIFICATE OF BIRTH 100106

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. .....

Hospital ..... Primary Registration District No. 2196 Registered No. 2214

FULL NAME OF CHILD Cynthia Leila Chalk.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		and	Yes.	March 3 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	A. M. Chalk	FULL MAIDEN NAME	Abbie Ward.
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
COLOR	White	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Farming	OCCUPATION	Hsf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Ida

Filed Mar 31 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAY 7 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAY. 8. 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street: 120 North Hanson

County: Cassia

File Number: 100106

Registration Dist. No.:

Sex of Child: Female

Date of Birth: March 8 1922

Father: John milton Chalk (Full Name)

Mother: Mary Abigail Ward (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Cynthia Leila Chalk
Child's Name in Full

Mrs. J. M. Chalk
Signature of Father or Mother

AUG 3 1 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

219-23:016-815

PLACE OF BIRTH

County of Cassia

City of Burley.

No. ..... St.

Hospital .....

RECEIVED
APR 21 1922
BUR...

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 100107

Primary Registration District No. 2196 Registered No. 2213

FULL NAME OF CHILD Katheryn May Barber.

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	Mar. 13 192..

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	J. W. Barber.	FULL MAIDEN NAME	Nettie Hanks.
RESIDENCE	Burley. Ida	RESIDENCE	Same.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Neb.		
OCCUPATION	County Farm Agent		

MOTHER		
COLOR	White	AGE AT LAST BIRTHDAY (Years) 26
BIRTHPLACE	Neb.	
OCCUPATION	Hsf.	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

(Signature) Dr. J. C. Patterson

M. D.

(Physician or midwife)

Address Burley Idaho.

Filed Mar 28 1922 Dr. J. C. Patterson

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathed nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

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Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

RECEIVED
JUN 4 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burley

Street: 112 So. Miller

County: Cassia

File Number: 100108

Registration Dist. No.: .....

Date of Birth: March 13 1922

Sex of Child: Female

Father: James Warren Barber (Full Name)

Mother: Nettie Agnes Barber (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Kathryn May Barber
Child's Name in Full

Mrs. J. W. Barber
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

212-206-016-657

PLACE OF BIRTH

childs name amend 2-22-84 dl

RECEIVED APR 2 [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. 100108

Hospital

Primary Registration District No. 2196 Registered No. 2209

FULL NAME OF CHILD Nellie Marie ~~Baby~~ Baker ~~Kathryn Mary~~

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Mar. 6 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	J. W. Baker.	FULL MAIDEN NAME	Emma Weaver.
RESIDENCE	Burley. Ida.	RESIDENCE	Burley. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ill.
OCCUPATION	Farming.	OCCUPATION	Hsf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at ..... 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician

(Physician or midwife)

Address Burley Idaho

Filed Mar. 16 1922 Dr. J. C. Patterson

Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1-23-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 100108
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Kathryn May Baker (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 6, 1922 (Date of Event)

in Burley (Cassia) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Kathryn May Baker	Nellie Marie Baker

Subscribed and sworn to before me this 31st day of January, 1984.
Notary Public, [signature]
Residing at Paul, Idaho
My commission expires wife
(Seal)

Nellie M. Johnson
Signature of Applicant
1435 Oriental Burley Ida
Street Address, City, State
83318

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Minidoka }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of January, 1984.
Notary Public, [signature]
Residing at Paul, Idaho
My commission expires wife
(Seal)

Naomi Vande Venter
Supporting Signature
P.O. Box 666 Paul Ida
Street Address, City, State
83347

lcc pd

Marriage Certificate lists Grant Lamar Johnson and Nellie Marie Baker were married Nov 25, 1947 in Nevada. Viewed by V.S.

FEB 29 1984

Five Year Certificate of Graduation lists Nellie M Baker completed course of study and is authorized to teach. Dated Sept 1, 1942. Viewed by V.S.

First Grade Enrollment lists Nellie Marie Baker was enrolled at age 6years 7months. Viewed by V.S.

Burley High School diploma lists Nellie Marie Baker graduated 5-22-40 Viewed by V.S.

819-208-016-852

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922

CERTIFICATE OF BIRTH

100109

Registration District No. 117 File No. .....

Primary Registration District No. 216 Registered No. 2210

FULL NAME OF CHILD Margie Frances Hartman
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Mar. 8 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME P. Hartman	FULL MAIDEN NAME Nellie Hess.
RESIDENCE Burley Idaho	RESIDENCE Same
COLOR White	AGE AT LAST BIRTHDAY 31 (Years)
COLOR White	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Kansas.	BIRTHPLACE Neb.
OCCUPATION Plasterer.	OCCUPATION Hse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson

Physician
(Physician or midwife)

Address Burley Ida.

Filed May 20 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 25 1968

148-208-016-613

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

RECEIVED
APR 21 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100110

Registration District No. 117 File No. .....

Primary Registration District No. 196 Registered No. 2211

FULL NAME OF CHILD ~~Baby~~ Durfee, Dorothy V.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	Mar. 8 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Geo. Durfee	FULL MAIDEN NAME	Bertha Walker
RESIDENCE	Burley Ida.	RESIDENCE	Burley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Ida.
OCCUPATION	Farming.	OCCUPATION	Hsf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Mar 20 1922 Dr. J. C. Patterson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-213-216-144

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Registration District No. 117 File No. 100111

Hospital ____ Primary Registration District No. 2196 Registered No. 2212

FULL NAME OF CHILD Margaret Pace
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Mar 13 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother including present birth 7 Number of child of this mother now living, including present birth 7

	FATHER	MOTHER
FULL NAME	P. O. Pace	FULL MAIDEN NAME Agnes Judd
RESIDENCE	Burley Ida	RESIDENCE Burley
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years) —
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Farming	OCCUPATION Hsf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
Physician
(Physician or midwife)

Address Burley, Idaho

Filed Mar 22 1922 Dr. J. C. Patterson
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 17 1942

113-21-017-756

PLACE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Hospital .....

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 125 File No. 100113

Primary Registration District No. 2203 Registered No. .....

FULL NAME OF CHILD Lois Ann Maloney

Sex of Child Female | Twin, Triplet, or other? | and | Number in order of birth 1 | (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Mar 11 (Month) (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Thomas J Maloney	FULL MAIDEN NAME Eunice George
RESIDENCE Dubois	RESIDENCE Dubois
COLOR White	AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE Indiana	COLOR White
OCCUPATION Miner	AGE AT LAST BIRTHDAY 34 (Years)
	BIRTHPLACE Iowa
	OCCUPATION Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 2:58 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) W E Jones M D

(Physician or midwife)

Address Dubois Idaho

Filed Mar 11 1922 W E Jones M D Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 20 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUL 7 - 1970
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 100113

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Maloney (Name on Original Certificate) who was born (Was Born or Died) on March 11, 1922 (Date of Event) in Dubois, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Omitted	Lois Ann Maloney

Subscribed and sworn to before me this 30th day of June, 1970

R Phule Leonardson
PHULE LEONARDSON
CLERK OF DISTRICT COURT
CLARK COUNTY, IDAHO
DEPUTY

~~Notary Public,~~ residing at .....
~~My commission expires~~ .....
(Seal)

Signed Earl J Leonardson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Dubois Idaho
(Street Address, City, State)

~~AFFIDAVIT~~ SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of June, 1970

R Phule Leonardson
PHULE LEONARDSON
CLERK OF DISTRICT COURT
CLARK COUNTY, IDAHO
DEPUTY

~~Notary Public, residing at~~ .....
~~My commission expires~~ .....
(Seal)

Signed Walter H. Phillips
(Signature of Any Credible Person)

Dubois, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 6/29/70 tm

Certificate of birth from State of Idaho for Mary Kathleen Sullivan, File No. 50-10713 gives mother's maiden name as Lois Ann Maloney. Father's name as Franklin Winsper Sullivan. Born Sept. 2, 1950. Viewed by V. S.

Application to the Metropolitan Life Insurance Co. gives name as Lois Ann Maloney. Age 19 years , Born at Dubois, Idaho. Signed Jan. 30, 1941. Witness to sig. H. H. Hughart. Viewed by V.S.

255-212-017-363

PLACE OF BIRTH

County of Clark

City of Dubois

No. ..... St.

Hospital .....

FULL NAME OF CHILD Edesta May Beeghly

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 125 File No. 100114

Primary Registration District No. 2203 Registered No. .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Mar 12 1922

FATHER

FULL NAME William I Beeghly

RESIDENCE Dubois

COLOR White AGE AT LAST BIRTHDAY 46 (Years)

BIRTHPLACE Ohio

OCCUPATION RR Employe

MOTHER

FULL MAIDEN NAME Victoria D Collins

RESIDENCE Dubois

COLOR White AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Indiana

OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 1:30 P M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) C E Jones MD
(Physician or midwife)

Address Dubois Idaho

Filed Mar 12 1922 C E Jones MD
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

APR 4 1968
APR 5 1976

MAR 27 1951

854-219-019-463

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-12

RECEIVED APR 24 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100118

County of Custer

City of White Knob

Registration District No. 76 File No. 126

No. ..... St.

Primary Registration District No. 2153 Registered No. .....

Hospital .....

FULL NAME OF CHILD Annie Lucile Hemovich

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	1 19 1922

FATHER		MOTHER	
FULL NAME	Mike Hemovich	FULL MAIDEN NAME	Annie Motule
RESIDENCE	White Knob	RESIDENCE	White Knob
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Austria	BIRTHPLACE	Montana
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1030 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carroll A B Jensen M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mackay - Ida

Filed 4/17 1922 Rose Nowack
Registrar

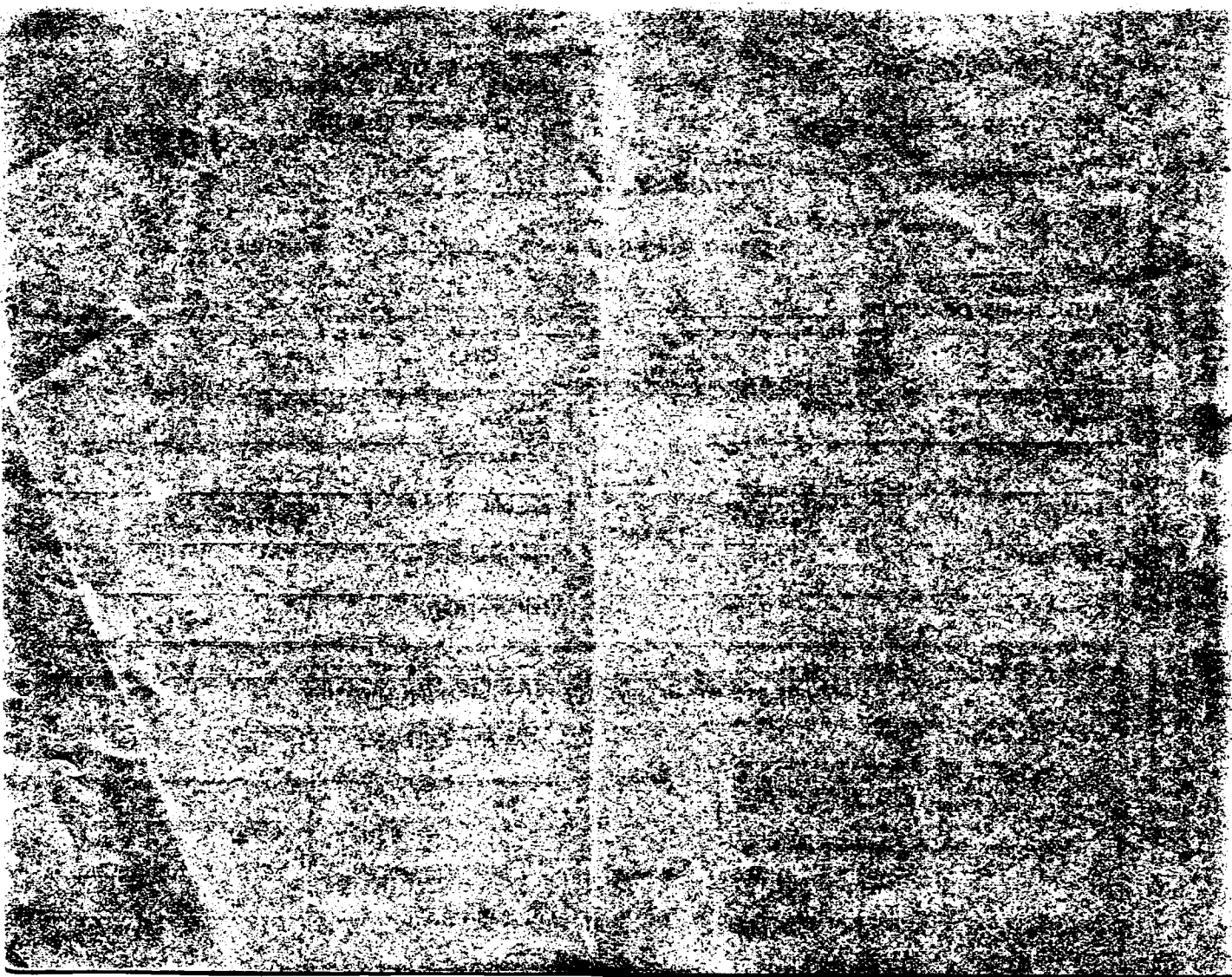
Registrar

9-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Amended 8-18-71
491-206-020 [redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of King Hill

RECEIVED APR 5 1922 BUREAU OF VITAL STATISTICS

Registration District No. _____ File No. 100120

No. _____ St.

Primary Registration District No. _____ Registered No. 8

Hospital _____

FULL NAME OF CHILD JUNE AILEEN Ural

Sex of Child: Girl	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Mar 6 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Grandon Ural	FULL MAIDEN NAME	Mary Edith Kellogg
RESIDENCE	Plano City Utah	RESIDENCE	Plano City Utah
COLOR	W — AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W — AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Kans
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth: one — Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Pond M D

(Physician or midwife)

Given names added from a supplemental report.

Address Glenns Ferry Idaho

..... 19....

Filed Apr 5 1922 J J Pond

Registrar — Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAY 8 - 1922 .....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth { City ..... Street ..... County .....

File Number ~~100115~~ 100120

Registration Dist. No. .....

Sex of Child ..... Female .....

Date of Birth .....192....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

Returned

.....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED

AUG 17 1971

Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 100120

Date Filed .....

The undersigned does solemnly swear that certain facts in the certificate of birth (Birth or Death)
for Unnamed Neal (Name on Original Certificate) who was born (Was Born or Died) on March 6, 1922 (Date of Event)
in King Hill, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Neal	June Aileen Neal

Subscribed and sworn to before me this 20th day of July, 1971

Florence Cartright

Notary Public, residing at Boise

My commission expires 4-20-74

(Seal)

Signed Mary E. Neal
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

20428 Smith Road Perris Calif 92370
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 6/28/71 nm

Icpd/Rec# 19612

Beginners Dept. of the Carliss Methodist Sunday School Certificate of Promothion gives name as June Aileen Neal. Promoted to the Primary Dept. on Jan 13, 1929. Mrs. W. C. Owens, Supt of School
Viewed by V.S.
Report Card issued by the Ogden Public Schools for the year 1931-1932 gives name of child as June Aileen Neal. Mound Fort School in Ogden Utah.
Viewed by V.S.

IDAHO DEPARTMENT OF HEALTH 8 18 71

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 100120

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for June Aileen Neal (Name on Original Certificate) who was born (Was Born or Died) on March 6, 1922 (Date of Event)
in King Hill, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mothers name	Ethel Kellogg	Mary Edith Kellogg

Subscribed and sworn to before me this 18th day of August, 19 72

Florence Cartright

Notary Public, residing at Boise

My commission expires 4-20-74

(Seal)

Signed Mrs. Alta M. Chase
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

406 Loma Dr. Vallejo, Ca.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

Social Security card 723-12-8389 date of issue 10-28-44 gives name as Mary Edith Neal

Viewed by VS

AUG 18 1971

[redacted].

United States Civil Service Commission, Washington D. C. Certified that Mary Edith Kellogg Neal has been retired from the Civil Service of the United States and has been granted an annuity. Issued Dec. 5, 1962, Andrew E. Ruddock, Director of Bureau of Retirement and Insurance.

165-110-020-819

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED ... 1922 ... VITAL ... BUREAU ... S.

County of Elmore

City of Glenns Ferry

Registration District No. _____ File No. 100121

No. _____ St.

Primary Registration District No. _____ Registered No. 9

Hospital _____

FULL NAME OF CHILD Robert Stanley Jones

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	Mch 16 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William David Jones	FULL MAIDEN NAME	Beatrice Elva Harwood
RESIDENCE	Glenns Ferry	RESIDENCE	Glenns Ferry
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ore	BIRTHPLACE	Penn
OCCUPATION	Loc. Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:00A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Pond

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Glenns Ferry Ida

Filed Apr 5 1922 J J Pond

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1942

262-129.020-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Elmore

City of Glenns Ferry

No. ..... St.

Hospital .....

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

Registration District No. .....

Primary Registration District No. .....

Form V. S. No. 11-G—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

File No. 100122

Registered No. 10

FULL NAME OF CHILD Doyle Ellis Bost

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	Oct 29 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ellis G Bost	FULL MAIDEN NAME	Etty E Johnson
RESIDENCE	Glenns Ferry	RESIDENCE	Glenns Ferry
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Machinist Helper	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Pond M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Glenns Ferry

Filed Apr 5 1922

J J Pond

Registrar

K

Dup of 1922-283080

763-105-020-962

PLACE OF BIRTH

RECEIVED
APR 2 -
BUREAU OF
STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Glenns Ferry, Registration District No. 34 File No. 100124

No. ..... St.

Primary Registration District No. 2020 Registered No. 11

Hospital .....

FULL NAME OF CHILD Kenneth Lee Golden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Jan 25 1922

FATHER		MOTHER	
FULL NAME	Lewis Edward Golden	FULL MAIDEN NAME	Daisy Lee Robertson
RESIDENCE	Glenns Ferry Ida	RESIDENCE	Glenns Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Dalles Oregon	BIRTHPLACE	Lowell Arkansas
OCCUPATION	Store keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6-45 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. O. P. Hamilton

Physician.
(Physician or midwife)

Address Mountain Home, Ida.

Given names added from a supplemental report.

..... 19....

Registrar

Filed 3-17- 1922

J. E. Evans
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued January 20, 1941. E.W.

666-210-022393

PLACE OF BIRTH

RECEIVED APR 21 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home [redacted] Registration District No. 34 File No. 100125

No. ..... St.

Primary Registration District No. 2020 Registered No. 12

Hospital .....

FULL NAME OF CHILD Ruth Irene Woodruff

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	March 10 1922

FATHER	MOTHER
FULL NAME: John Wesley Woodruff	FULL MAIDEN NAME: [redacted] Tilbrough
RESIDENCE: Mountain Home Ida	RESIDENCE: Mountain Home Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Seymour Mo	BIRTHPLACE: Genessee Tenn.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11-45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19.....

Registrar

(Signature) Dr. O. P. Hamilton

Physician
(Physician or midwife)

Address Mountain Home Ida

Filed 3-17-1922 H. E. Clemmons
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

559-182-020-312

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

File No. 100126

PLACE OF BIRTH

County of Elmore

City of Mtn Home

No. ..... St.

Hospital .....

Registration District No. 84

Primary Registration District No. 2020

Registered No. 13

FULL NAME OF CHILD Neil Hardon Neimoyer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	3 - 23 - 1922

FATHER

FULL NAME Adelbert Neimoyer

RESIDENCE Mtn Home Ida

COLOR White AGE AT LAST BIRTHDAY 41 (Years)

BIRTHPLACE Wyoming

OCCUPATION Electrician

MOTHER

FULL MAIDEN NAME Adelene Labbee

RESIDENCE Mtn Home

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE No. Dakota

OCCUPATION

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) F E Evans
M D
(Physician or midwife)

Address Mtn Home Ida

Filed 4-1- 1922

F E Evans
Registrar

365-114020-866

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

County of Elmore

City of Mtn Home

Registration District No. 34 File No. 100127

No. ____ St.

Primary Registration District No. 2020 Registered No. 14

Hospital ____

FULL NAME OF CHILD Jack Howard Conyers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	3 - 14 - 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leon R Conyers	Iona B Howard
RESIDENCE	Mtn Home Ida	Mtn Home Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	19
BIRTHPLACE	Idaho	Mo
OCCUPATION	Farming	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) J E Evans MD

(Physician or midwife)

Address Mtn Home Ida

Filed 4-1- 1922 J E Evans

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB

465-216-020-357

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

County of Elmore

City of Mtn Home

Registration District No. 34 File No. 100128

No. _____ St.

Primary Registration District No. 2020 Registered No. 15

Hospital _____

FULL NAME OF CHILD Jerry Monasterio

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	3 - 16 - 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Monasterio	FULL MAIDEN NAME	Emelia Lequerica
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F E Evans

M D
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Mtn Home Ida

Filed 3 - 31 - 1922

F E Evans
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF STATISTICS

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Mountain Home

Street: .....

County: Elmore

File Number: 100128

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: March 16th 1922

Father: Frank Monasterio (Full Name)

Mother: Emelia Legarreta Mo (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Perez Monasterio

Child's Name in Full

Frank Monasterio (Father)

Signature of Father or Mother

LED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com- to furnish certified copies of certificates of birth, it is im- that the certificates be filed with the BUREAU OF VITAL STATIS- d the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

265-225-020-269

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Elmore

City of Mtn Home

No. ..... St.

Hospital .....

Registration District No. 34 File No. 100129

Primary Registration District No. 2020 Registered No. 16

FULL NAME OF CHILD Delma Virginia Bonecher

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 3 (Month) - 25 (Day) - 1922 (Year)

FATHER		MOTHER	
FULL NAME	D L. Bonecher	FULL MAIDEN NAME	Esther G. Swimm
RESIDENCE	Mtn Home Ida	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	So Dak.
OCCUPATION	Clerk	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F E Evans

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Mtn Home Ida

Filed 4-1-1922 F E Evans
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 17 1943

113-126-020-954

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Elmore

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Mtn Home

Registration District No. 34 File No. 100130

No. ____ St. ____

Primary Registration District No. 2020 Registered No. 17

Hospital ____

FULL NAME OF CHILD Harmon Jackson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	3-26-1922

FATHER		MOTHER	
FULL NAME	Fred Jackson	FULL MAIDEN NAME	Dewey Riddel
RESIDENCE	Mtn Home Ida.	RESIDENCE	Mtn Home Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Neb
OCCUPATION	Garage Owner	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19____

Registrar

(Signature) J E Evans

MD
(Physician or midwife)

Address Mtn Home Ida

Filed 4-1-1922

J E Evans
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-201-021-695

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Weston Id

No. ..... St.

Registration District No. 27 File No. 100131

Hospital .....

Primary Registration District No. 2119 Registered No. 61

FULL NAME OF CHILD Clararee Jane Anderson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	5 (To be answered only in event of plural births)	yes	Mar 1 1922

What bactericidal solution was used in eyes? Nitrate Silver

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Adolph Anderson	FULL MAIDEN NAME	Clara Fredrickson
RESIDENCE	Weston Id Idaho	RESIDENCE	Weston Id Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Midvale Utah	BIRTHPLACE	Weston Id Idaho
OCCUPATION	Farmer	OCCUPATION	House Keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4.45 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holder
Physician
(Physician or midwife)

Give names added from a supplemental report.

Address Weston Id Idaho

....., 19....

Filed Apr. 8 1922 Mrs Ida Tippets
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-120-021-695

PLACE OF BIRTH

County of ~~Weston~~ Franklin

City of Weston

No. ..... St.

Hospital .....

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 100132

Primary Registration District No. 249 Registered No. 60

FULL NAME OF CHILD Ivan Wayne Petersen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth
Male	1 (To be answered only in event of plural births)	yes	Mar 20 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Nitrate silver

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ivan Petersen	FULL MAIDEN NAME	Manetta M Fredricksen
RESIDENCE	Weston Idaho	RESIDENCE	Weston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mink Creek	BIRTHPLACE	Weston Idaho
OCCUPATION	Farmer	OCCUPATION	House Keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 55 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos B Holder
Physician
(Physician or midwife)

Address Weston Idaho

Filed April 8 1922 Mrs Ida Tippets
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Child's name added 6-28-93 MCH

THIS CERTIFICATE MUST BE FORWARDED BY THE LOCAL REGISTRAR TO THE STATE BOARD OF HEALTH, SALT LAKE CITY, ON OR BEFORE THE 5TH OF THE FOLLOWING MONTH, AFTER FIRST HAVING BEEN PROPERLY REGISTERED.

272-127-021-264

PLACE OF BIRTH

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

STATE BOARD OF HEALTH FILE NO. 100133

CERTIFICATE OF BIRTH

STATE OF [redacted]

IDAHO

County of Franklin

Precinct of

Town or Village of Fairview

City of

Street and No.

If in Hospital or other institution, give its name instead of Street and number.

FULL NAME OF CHILD PAUL EGBERT

If child is not yet named, make supplemental report as directed

Sex of Child	Twin, triplet, or other?	Number in order of birth	Legitimate?	Date of Birth
Male	(To be answered only in event of plural births)		Yes	Mar 27 1922 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME David Washington Egbert	FULL MAIDEN NAME Luvella Hyde Bodely
RESIDENCE Fairview Idaho	RESIDENCE Fairview
COLOR White — AGE AT LAST BIRTHDAY 37 (Years)	COLOR White — AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Fairview Idaho	BIRTHPLACE Fairview Idaho
OCCUPATION Farming	OCCUPATION House Keeping

Number of children born to this mother, including present birth 6

Number of children of this mother now living 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, and that it occured on Mar 27 1922 at 9:30 P M

Premature No or Still Birth? No (Yes or No)

(Signature) M B Parkinson

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Date 19

Physician (Physician or Midwife)

Given name added from supplemental report

19

Registrar

Address of Physician or Midwife Lewiston Utah

Filed Apr 8 1922

Mrs Ida Tippels Registrar

Reg Dist No 27

Registered No. 81

Primary Reg Dist No 2119

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. SEE INSTRUCTIONS ON OTHER SIDE.

K

Information for Physicians, Midwives, Parents and Others Required to Report Births

Section 5050, Compiled Laws of Utah, 1917. That all births that occur in the State shall be immediately registered in the district in which they occur, as hereinafter provided.

REPORTS

Sec. 5051, Compiled Laws of Utah, 1917. That it shall be the duty of the Attending Physician or Midwife to file a certificate of birth, giving all the particulars required by this Act, with the local registrar of the district in which the birth occurred, within ten days after the date of birth. And if there be no attending physician or midwife, then it shall be the duty of the Father of the child, Householder or Owner of the premises, Manager or Superintendent of Institution in which the birth occured, to file said certificate of birth with the local registrar within three days after the birth.

EVERY ITEM OF INFORMATION IS IMPORTANT AND MUST BE SUPPLIED.

The Full Name of the child is necessary for identification. If the child is not named when the report is made, get a blank from local registrar and make return of name as soon as child is named.

DO NOT OMIT ANY FACTS RELATING TO THE PARENTS OF THE CHILD.

Section 5055, Compiled Laws of Utah, 1917, provides that: * * * "All Physicians, Midwives, Informants * * * connected with any case, and all other persons having knowledge of the facts, are hereby required to furnish such information as they may possess regarding any birth or death, upon demand of the State Registrar, in person, or by mail, or through the local registrar." * * * The State Registrar will not accept as complete a certificate with this data omitted without satisfactory explanation for failure to report same.

When no physician or midwife attended a birth, the persons required to make the report in the order specified in Sec. 5051 shall strike out the words "I hereby certify that I attended the Birth of above child," and write in lieu thereof the word "No Physician or Midwife," filling out the remainder of the certificate as the law requires and sign as father, householder, etc., as the case may be, with his address.

INSTRUCTIONS TO LOCAL REGISTRARS.

Read carefully the law relating to the registration of births and do not allow your supply of blanks to become exhausted before requesting more.

Carefully examine each certificate as soon as it is filed and if the facts required by law are not all supplied, return same for complete report. Enter the date of filing in your office immediately; give the certificate its proper registered number and make a copy of the original certificate for your local record. If the name of the child is not reported give the person who made the return a blank for supplemental report of name and direct that it be sent to you as soon as the child is named.

Send all original certificates to the State Board of Health on or before the fifth of the month. If the supplemental report of name of child has not yet been filed, send the certificate and forward the latter report as soon as received after entering name or other fact on your copy. If the child died before being named, the report should be made with the statement "died unnamed."

PENALTY.

Sec. 5059, Compiled Laws of Utah, 1917. And any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 5051 of this Act, who shall neglect or refuse to file a proper certificate of birth with a local registrar, within the time required by this Act, shall be deemed guilty of a misdemeanor. * * * And any registrar, or deputy registrar, who shall neglect or fail to enforce the provisions of this Act in his district, or shall neglect or refuse to perform any of the duties imposed upon him by this Act or by the instructions and directions of the State Registrar, shall be deemed guilty of a misdemeanor. * * * Any person convicted of a misdemeanor under the provisions of this Act, shall be fined in any sum not less than ten dollars nor more than two hundred dollars.

Blank birth certificates may be obtained from Local Board of Health, Local Registrars or the State Board of Health.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Cooperative Center for Health Statistics
Vital Statistics Unit

6-21-93

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

BUREAU OF VITAL STATISTICS

JUN 25 2 02 PM '93

State of _____
County of _____ } ss.

Certificate No. 100133
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Baby Boy Egbert (Name on Original Certificate) who was born (Was Born, Died, etc.) on Mar 27, 1922 (Date of Event)

in Fairview (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Baby Boy Egbert	Paul Egbert

Subscribed and sworn to before me this 22nd day of June, 1993.

Notary Public, Stacey Hill

Residing at Preston Idaho

My commission expires 3/24/99

(Seal)

x Paul Egbert
Signature of Applicant

x 5509 S 1600 W Preston Id 83263
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

LDS baptism certificate shows Paul Egbert born Mar 27, 1922 in Fairview to David Egbert and Luella Egbert and confirmed Mar 30, 1930 by Leslie J Cole. Viewed by VS MCM.

JUN 2 8 1993

US Army discharge shows Paul Egbert born Mar 27, 1922 in Fairview and discharged Mar 13, 1946. Viewed by VS MCM.

THIS CERTIFICATE MUST BE FORWARDED BY THE LOCAL REGISTRAR TO THE STATE BOARD OF HEALTH, SALT LAKE CITY, ON OR BEFORE THE 5TH OF THE FOLLOWING MONTH, AFTER FIRST HAVING BEEN PROPERLY REGISTERED.

815-103-021-613

PLACE OF BIRTH

STATE BOARD OF HEALTH FILE NO. 100134

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO

County of Franklin

Precinct of

Town or Village of Franklin

Street and No.

City of

If in Hospital or other institution, give its name instead of Street and number.

FULL NAME OF CHILD Ray James Handy { If child is not yet named, make supplemental report as directed

Sex of Child	Twin, triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb 3 1922

FATHER	MOTHER
FULL NAME Elgen Day Handy	FULL MAIDEN NAME Margaret Jayne Watson
RESIDENCE Franklin Idaho	RESIDENCE Franklin Idaho
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
COLOR White	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Franklin Idaho	BIRTHPLACE Rexburg Idaho
OCCUPATION Automobile repair Man	OCCUPATION House Keeping
Number of children born to this mother, including present birth 2	Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, and that it occured on W.B. Parkinson 1922 at 4 20 a.m.

Premature No or Still Birth? No (Yes or No)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signature) W.B. Parkinson

Date 19 Physician

(Physician or Midwife)

Address of Physician or Midwife Preston Utah

Given name added from supplemental report

19

Registrar

Filed Apr 8 1922 Myrtle Fisher Registrar

Reg. List No 27

Registered No. 80 Primary Reg List No 2119

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. SEE INSTRUCTIONS ON OTHER SIDE.

Information for Physicians, [illegible] Parents and Others Required to Rep[illegible]

Sec. or [illegible] Laws of Utah, 1917 [illegible] births that occur in the State shall be immediately registered in the district in which [illegible] occur, as hereinafter provi[illegible]

REPORTS

Sec. 5051, Compiled Laws of Utah, 1917. That it shall be the duty of the Attending Physician or Midwife to file a certificate of birth, giving all the particulars required by this Act, with the local registrar of the district in which the birth occurred, within ten days after the date of birth. And if there be no attending physician or midwife, then it shall be the duty of the Father of the child, Householder or Owner of the premises, Manager or Superintendent of Institution in which the birth occured, to file said certificate of birth with the local registrar within three days after the birth.

EVERY ITEM OF INFORMATION IS IMPORTANT AND MUST BE SUPPLIED.

The Full Name of the child is necessary for identification. If the child is not named when the report is made, get a blank from local registrar and make return of name as soon as child is named.

DO NOT OMIT ANY FACTS RELATING TO THE PARENTS OF THE CHILD.

Section 5055, Compiled Laws of Utah, 1917, provides that: * * * "All Physicians, Midwives, Informants * * * connected with any case, and all other persons having knowledge of the facts, are hereby required to furnish such information as they may possess regarding any birth or death, upon demand of the State Registrar, in person, or by mail, or through the local registrar." * * * The State Registrar will not accept as complete a certificate with this data omitted without satisfactory explanation for failure to report same.

When no physician or midwife attended a birth, the persons required to make the report in the order specified in Sec. 5051 shall strike out the words "I hereby certify that I attended the Birth of above child," and write in lieu thereof the word "No Physician or Midwife," filling out the remainder of the certificate as the law requires and sign as father, householder, etc., as the case may be, with his address.

INSTRUCTIONS TO LOCAL REGISTRARS.

Read carefully the law relating to the registration of births and do not allow your supply of blanks to become exhausted before requesting more.

Carefully examine each certificate as soon as it is filed and if the facts required by law are not all supplied, return same for complete report. Enter the date of filing in your office immediately; give the certificate its proper registered number and make a copy of the original certificate for your local record. If the name of the child is not reported give the person who made the return a blank for supplemental report of name and direct that it be sent to you as soon as the child is named.

Send all original certificates to the State Board of Health on or before the fifth of the month. If the supplemental report of name of child has not yet been filed, send the certificate and forward the latter report as soon as received after entering name or other fact on your copy. If the child died before being named, the report should be made with the statement "died unnamed."

PENALTY.

Sec. 5059, Compiled Laws of Utah, 1917. And any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 5051 of this Act, who shall neglect or refuse to file a proper certificate of birth with a local registrar, within the time required by this Act, shall be deemed guilty of a misdemeanor. * * * And any registrar, or deputy registrar, who shall neglect or fail to enforce the provisions of this Act in his district, or shall neglect or refuse to perform any of the duties imposed upon him by this Act or by the instructions and directions of the State Registrar, shall be deemed guilty of a misdemeanor. * * * Any person convicted of a misdemeanor under the provisions of this Act, shall be fined in any sum not less than ten dollars nor more than two hundred dollars.

Blank birth certificates may be obtained from Local Board of Health, Local Registrars or the State Board of Health.

OF IDAHO

PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Franklin

Street: .....

County: Franklin

File Number: 100134

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Feb. 3, 192.2

Father: Elgin D. Handy (Full Name)

Mother: Margaret Watson Ha (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ray James Handy. (Child's Name in Full)

Margaret Handy. (Signature of Father or Mother)

MAR 7 19

MAY 16 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
LED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage egitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

THIS CERTIFICATE MUST BE FORWARDED BY THE LOCAL REGISTRAR TO THE STATE BOARD OF HEALTH, SALT LAKE CITY, ON OR BEFORE THE 5TH OF THE FOLLOWING MONTH, AFTER FIRST HAVING BEEN PROPERLY REGISTERED.

419-115-021-236

STATE BOARD OF HEALTH FILE NO. 100135

CERTIFICATE OF BIRTH

STATE OF [redacted]

IDAHO

PLACE OF BIRTH

County of Franklin

Precinct of

Town or Village of Franklin

City of

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

Street and No.

If in Hospital or other institution, give its name instead of Street and number.

FULL NAME OF CHILD Bert Gordon Marshall { If child is not yet named, make supplemental report as directed

Sex of Child	Twin, triplet, or other?	Number in order of birth	Legitimate?	Date of Birth
Male	(To be answered only in event of plural births)		Yes	Jan (Month) 15 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Bert Marshall	FULL MAIDEN NAME	Nellie [redacted] Sloane
RESIDENCE	Franklin Idaho	RESIDENCE	Nellie Sloane Franklin Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Franklin Idaho	BIRTHPLACE	Evanston Wyoming
OCCUPATION	Farmer	OCCUPATION	house keeping

Number of children born to this mother, including present birth 3

Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, and that it occured on Jan 15 1922 at 2 30 p m

Premature No or Still Birth? No (Yes or No)

(Signature) W B Parkinson

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Date 19

Physician (Physician or Midwife)

Given name added from supplemental report

19

Registrar

Address of Physician or Midwife Lewiston Idaho

Filed Apr 8 1922 Mrs Ida Lippels Registrar

Reg. Dist No 27

Registered No. 79 Primary Reg. Dist No 2119.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. SEE INSTRUCTIONS ON OTHER SIDE.

Information f[illegible] Physi[illegible] and Others

R[illegible]

Section 5[illegible] [illegible]ied Laws of Utah, 1917. That all births that occur in the State shall be immediately registered in the district in which they occur, as hereinafter provided.

REPORTS

Sec. 5051, Compiled Laws of Utah, 1917. That it shall be the duty of the Attending Physician or Midwife to file a certificate of birth, giving all the particulars required by this Act, with the local registrar of the district in which the birth occurred, within ten days after the date of birth. And if there be no attending physician or midwife, then it shall be the duty of the Father of the child, Householder or Owner of the premises, Manager or Superintendent of Institution in which the birth occured, to file said certificate of birth with the local registrar within three days after the birth.

EVERY ITEM OF INFORMATION IS IMPORTANT AND MUST BE SUPPLIED.

The Full Name of the child is necessary for identification. If the child is not named when the report is made, get a blank from local registrar and make return of name as soon as child is named.

DO NOT OMIT ANY FACTS RELATING TO THE PARENTS OF THE CHILD.

Section 5055, Compiled Laws of Utah, 1917, provides that: * * * "All Physicians, Midwives, Informants * * * connected with any case, and all other persons having knowledge of the facts, are hereby required to furnish such information as they may possess regarding any birth or death, upon demand of the State Registrar, in person, or by mail, or through the local registrar." * * * The State Registrar will not accept as complete a certificate with this data omitted without satisfactory explanation for failure to report same.

When no physician or midwife attended a birth, the persons required to make the report in the order specified in Sec. 5051 shall strike out the words "I hereby certify that I attended the Birth of above child," and write in lieu thereof the word "No Physician or Midwife," filling out the remainder of the certificate as the law requires and sign as father, householder, etc., as the case may be, with his address.

INSTRUCTIONS TO LOCAL REGISTRARS.

Read carefully the law relating to the registration of births and do not allow your supply of blanks to become exhausted before requesting more.

Carefully examine each certificate as soon as it is filed and if the facts required by law are not all supplied, return same for complete report. Enter the date of filing in your office immediately; give the certificate its proper registered number and make a copy of the original certificate for your local record. If the name of the child is not reported give the person who made the return a blank for supplemental report of name and direct that it be sent to you as soon as the child is named.

Send all original certificates to the State Board of Health on or before the fifth of the month. If the supplemental report of name of child has not yet been filed, send the certificate and forward the latter report as soon as received after entering name or other fact on your copy. If the child died before being named, the report should be made with the statement "died unnamed."

PENALTY.

Sec. 5059, Compiled Laws of Utah, 1917. And any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 5051 of this Act, who shall neglect or refuse to file a proper certificate of birth with a local registrar, within the time required by this Act, shall be deemed guilty of a misdemeanor. * * * And any registrar, or deputy registrar, who shall neglect or fail to enforce the provisions of this Act in his district, or shall neglect or refuse to perform any of the duties imposed upon him by this Act or by the instructions and directions of the State Registrar, shall be deemed guilty of a misdemeanor. * * * Any person convicted of a misdemeanor under the provisions of this Act, shall be fined in any sum not less than ten dollars nor more than two hundred dollars.

Blank birth certificates may be obtained from Local Board of Health, Local Registrars or the State Board of Health.

RECEIVED
JUN 16 1922
BUREAU OF VITAL STATISTICS

FARE

Boise, Idaho, ... 192...

Dear ...

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Franklin

Street: .....

County: Franklin

File Number: 100135

Registration Dist. No. .....

Date of Birth: January 15th 192.2.

Sex of Child: Male

Father: Bert Marshall (Full Name) Mother: Nellie Sloan (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Bert Gordon Marshall
Child's Name in Full

Mrs Nellie S. Marshall
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

THIS CERTIFICATE MUST BE FORWARDED BY THE LOCAL REGISTRAR TO THE STATE BOARD OF HEALTH, SALT LAKE CITY, ON OR BEFORE THE 5TH OF THE FOLLOWING MONTH, AFTER FIRST HAVING BEEN PROPERLY REGISTERED.

666.109.025-366

PLACE OF BIRTH

STATE BOARD OF HEALTH FILE NO. 10013

RECEIVED APR 2 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF [redacted]

IDAHO

County of Franklin

Precinct of

Town or Village of Franklin

City of

Street and No.

If in Hospital or other institution, give its name instead of Street and number.

FULL NAME OF CHILD Willis Harold Woodard { If child is not yet named, make supplemental report as directed

Sex of Child	Twin, triplet, or other?	Number in order of birth	Legitimate?	Date of Birth
male	(To be answered only in event of plural births)			Jan (Month) 9 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Milton Woodward	FULL MAIDEN NAME	Emma Lowe
RESIDENCE	Franklin Idaho	RESIDENCE	Franklin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Franklin	BIRTHPLACE	Franklin
OCCUPATION	Farming	OCCUPATION	house keeping

Number of children born to this mother, including present birth 2

Number of children of this mother now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, and that it occured on Jan 9 1922 at 3 30 a M

Premature No or Still Birth? No (Yes or No)

(Signature) M B Parkinson

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Date 19

Physician (Physician or Midwife

Given name added from supplemental report

19

Registrar

Address of Physician or Midwife Lewiston Idaho

Filed Apr 8 1922 Mrs Ida Lippels Registrar

Registered No. 78 Reg. Dist. No 27

Primary Reg Dist No 2119.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. SEE INSTRUCTIONS ON OTHER SIDE.

Information for Physicians, Midwives, Parents and Others Required to Report Births

Section 5050, Compiled Laws of Utah, 1917. That all births that occur in the State shall be immediately registered in the district in which they occur, as hereinafter provided.

REPORTS

Sec. 5051, Compiled Laws of Utah, 1917. That it shall be the duty of the Attending Physician or Midwife to file a certificate of birth, giving all the particulars required by this Act, with the local registrar of the district in which the birth occurred, within ten days after the date of birth. And if there be no attending physician or midwife, then it shall be the duty of the Father of the child, Householder or Owner of the premises, Manager or Superintendent of Institution in which the birth occured, to file said certificate of birth with the local registrar within three days after the birth.

EVERY ITEM OF INFORMATION IS IMPORTANT AND MUST BE SUPPLIED.

The Full Name of the child is necessary for identification. If the child is not named when the report is made, get a blank from local registrar and make return of name as soon as child is named.

DO NOT OMIT ANY FACTS RELATING TO THE PARENTS OF THE CHILD.

Section 5055, Compiled Laws of Utah, 1917, provides that: * * * "All Physicians, Midwives, Informants * * * connected with any case, and all other persons having knowledge of the facts, are hereby required to furnish such information as they may possess regarding any birth or death, upon demand of the State Registrar, in person, or by mail, or through the local registrar." * * * The State Registrar will not accept as complete a certificate with this data omitted without satisfactory explanation for failure to report same.

When no physician or midwife attended a birth, the persons required to make the report in the order specified in Sec. 5051 shall strike out the words "I hereby certify that I attended the Birth of above child," and write in lieu thereof the word "No Physician or Midwife," filling out the remainder of the certificate as the law requires and sign as father, householder, etc., as the case may be, with his address.

INSTRUCTIONS TO LOCAL REGISTRARS.

Read carefully the law relating to the registration of births and do not allow your supply of blanks to become exhausted before requesting more.

Carefully examine each certificate as soon as it is filed and if the facts required by law are not all supplied, return same for complete report. Enter the date of filing in your office immediately; give the certificate its proper registered number and make a copy of the original certificate for your local record. If the name of the child is not reported give the person who made the return a blank for supplemental report of name and direct that it be sent to you as soon as the child is named.

Send all original certificates to the State Board of Health on or before the fifth of the month. If the supplemental report of name of child has not yet been filed, send the certificate and forward the latter report as soon as received after entering name or other fact on your copy. If the child died before being named, the report should be made with the statement "died unnamed."

PENALTY.

Sec. 5059, Compiled Laws of Utah, 1917. And any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 5051 of this Act, who shall neglect or refuse to file a proper certificate of birth with a local registrar, within the time required by this Act, shall be deemed guilty of a misdemeanor. * * * And any registrar, or deputy registrar, who shall neglect or fail to enforce the provisions of this Act in his district, or shall neglect or refuse to perform any of the duties imposed upon him by this Act or by the instructions and directions of the State Registrar, shall be deemed guilty of a misdemeanor. * * * Any person convicted of a misdemeanor under the provisions of this Act, shall be fined in any sum not less than ten dollars nor more than two hundred dollars.

Blank birth certificates may be obtained from Local Board of Health, Local Registrars or the State Board of Health.

864-110-021-465

PLACE OF BIRTH

County of Franklin

City of Franklin

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 100137

Primary Registration District No. 2119 Registered No. 39

FULL NAME OF CHILD Daren Curtis Young

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		3rd	Yes	March 10 1922

What bacteriocidal solution was used in eyes? Yes

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Lawrence Young	FULL MAIDEN NAME	Lila Doney
RESIDENCE	Franklin Idaho	RESIDENCE	Franklin Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Perry Utah	BIRTHPLACE	Franklin Idaho
OCCUPATION	School Teacher	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was March 10th, at 12.30 A. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Adamson M. D

(Physician or midwife)

Address Richmond Utah

Filed April 8 1922 Mrs. Ida Lippert Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAY 16 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAY 8 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Franklin; Street; County Franklin

File Number 100137

Registration Dist. No.

Date of Birth March 10 1922

Sex of Child Male

Father Lawrence Alfred Young (Full Name)

Mother Leila C. Doney (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Daren Curtis Young
Child's Name in Full

Lawrence Alfred Young
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

493-11Y.021-236

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin.

City of Preston.

No. ____ St. ____

Registration District No. 27 File No. 100138

Hospital ____ Primary Registration District No. 2119 Registered No. 64

FULL NAME OF CHILD Clinton Ray Miller
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Mar. 14, 192 2

What bacterieidal solution was used in eyes? Silver nit. rate sol. 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Raymond Nephi Miller	FULL MAIDEN NAME: Clarice Stockdole
RESIDENCE: Preston, Idaho	RESIDENCE: Preston.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Providence, Utah.	BIRTHPLACE: Franklin, Ida.
OCCUPATION: Apiarist	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) L. E. Peterson

Physician

(Physician or midwife)

Address Preston, Idaho.

Filed Apr. 5 1922 Mrs Ida Tijaseta Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 19 1965

967-218-021-815 sex of child amend 9-19-85 dl

PLACE OF BIRTH

name added 9-3-85 dl

County of Franklin,

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

APR 23 1922

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 100139

Primary Registration District No. 2119 Registered No. 43

FULL NAME OF CHILD LaNea Rogers

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
~~Male~~ Female			Yes	Mar. 18 1922

What bacteriacidal solution was used in eyes? Silver nitrate Sol. 1%

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER	MOTHER
FULL NAME: George Spenser Rogers	FULL MAIDEN NAME: Hannah Hanson
RESIDENCE: Preston, Idaho	RESIDENCE: Preston, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Utah.	BIRTHPLACE: Utah
OCCUPATION: ~~Farmer~~ Teacher	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:25 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. E. Betenson

Physician
(Physician or midwife)

Address Preston, Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Apr. 8 1922 Mrs Ina Tippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-9-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 30 3 24 PM '85

State of _____ } ss.
County of _____

Certificate No. 100139
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Rogers (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 18, 1922 (Date of Event)

in Preston (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	LaNea Rogers
Sex of Child	Male	Female

Subscribed and sworn to before me this 16 day of aug, 19 85

Notary Public, [illegible]
Residing at K C Mo
My commission expires 5-13-88
(Seal)

x LaNea Rogers Voyce
Signature of Applicant

x 5419 N. Holmes, K.C. Mo 64118
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc pd

Certificate of Graduation from LDS Seminaries lists LaNea Rogers graduated on May 14, 1939. Viewed by V.S.

Marriage License lists Robert S Voyce and LaNea Rogers were married on Sept 21, 1946. Viewed by V.S.

Corrected Sex on - 9-1985 with above documents.

SEP 3 1985

SEP 19 1985

289-204:021-814

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100140

County of Franklin.

City of Preston.

No. ..... St.

Registration District No. 27

File No. 100140

Hospital .....

Primary Registration District No. 219

Registered No. 65

FULL NAME OF CHILD Ester May Byington.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Mar. 4 1922

What bacterieidal solution was used in eyes? Silver Nitrate Sol. 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Raymond Thurston Byington.	FULL MAIDEN NAME: Ida May Hadfield.
RESIDENCE: Preston, Idaho	RESIDENCE: Preston, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Downey Ida.	BIRTHPLACE: East Portage, Utah.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) I. E. Betenson

Physician
(Physician or midwife)

Address Preston, Idaho

Filed Sept. 8 1922 Mrs Ida Tyapsett Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 30 1942

155-26.02-465

PLACE OF BIRTH

Sex of child amended 11/22/85 lh

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR

CERTIFICATE OF BIRTH

100141

County of Franklin

City of Preston,

No. ____ St.

Hospital

Registration District No. 27 File No.

Primary Registration District No. 2119 Registered No. 42

FULL NAME OF CHILD Edwina Mae Jensen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
~~Male~~ Female			Yes	Mar. 6 1922

What bactericidal solution was used in eyes? Silver nitrate sol. 1%

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER	MOTHER
FULL NAME: Richard Jensen	FULL MAIDEN NAME: Mary Lavina Monson
RESIDENCE: Preston Idaho	RESIDENCE: Preston
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Preston,	BIRTHPLACE: Whitney
OCCUPATION: Farmer.	OCCUPATION: Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3:45 a. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. E. Betenson

Physician
(Physician or midwife)

Address Preston, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Sept. 8 1922 Mrs Ida Tippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, MAY 8 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston

Street:

County: Franklin

File Number: 100141

Registration Dist. No.:

Sex of Child: ~~Male~~ female

Date of Birth: March 6, 1922

Father: Nahum Richard Jensen (Full Name)

Mother: Mary Lovina Monson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Elvina Mae Jensen.

Child's Name in Full

Mary Jensen

Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

11-21-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 22 9 31 AM '85

State of Idaho
County of Ada } ss.

Certificate No. 100141
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Elvina Mae Jensen (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 6, 1922 (Date of Event)

in Preston (Franklin) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
sex of child	Male	Female

Subscribed and sworn to before me this 21st day of November, 1985.

Notary Public, Davalu Jeavitt
Residing at Boise Ada Idaho
My commission expires Jan 10, 1987
(Seal)

X Elvina M. Jellins
Signature of Applicant

X Rt. 3 Box 136 Rupert, Id.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public,
Residing at
My commission expires
(Seal)

Supporting Signature

Street Address, City, State

Birth Certificate for Brett Thomas Gittins born June 14, 1963 in Rupert lists mother as Elvina Jensen. Viewed by V.S. NOV 22 1985

Blue Cross of Idaho Application for membership dated Dec. 19, 1973 filled in by James H. Gittins - Male _ Married gives name of spouse as Elvina born March 6, 1922.
Viewed by V.S.

295-127-021-617

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St. ..... Registration District No. 27 File No. 100142

Hospital ..... Primary Registration District No. 2119 Registered No. 68

FULL NAME OF CHILD James Stanley Kinyon
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Mar. 27, 192[illegible]

What bacterieidal solution was used in eyes? Silver nitrate Sol. 1%

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 7

FATHER	MOTHER
FULL NAME: Pete Kinyon	FULL MAIDEN NAME: Caroline Margaret Wagner
RESIDENCE: Preston, Idaho	RESIDENCE: Preston, Idaho
COLOR: White	COLOR: white
AGE AT LAST BIRTHDAY: 49 (Years)	AGE AT LAST BIRTHDAY: 41 (Years)
BIRTHPLACE: Michigan	BIRTHPLACE: Michiganm
OCCUPATION: Hotel Proprietor	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:30 a. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. E. Bettinson

Physician

(Physician or midwife)

Address Preston, Idaho.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Apr 8 192[illegible] Mrs Ida Tippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 1962

695-220-021-469
Amended Feb. 21, 1969

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 100143
Local Reg. No.
Reg. Dist. No. 69

1. PLACE OF BIRTH
a. COUNTY: Franklin
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Preston
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Banida
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*
a. (First): Juanita
b. (Middle): Chrissie
c. (Last): Field

4. SEX: Female
5a. THIS BIRTH: SINGLE X TWIN ___ TRIPLET ___
5b. IF TWIN OR TRIPLET (This child born): 1st ___ 2nd ___ 3rd ___
6. DATE OF BIRTH: (Month) March (Day) 20, (Year) 1922

FATHER OF CHILD

7. FULL NAME
a. (First): William
b. (Middle): Cyrus
c. (Last): Field

8. AGE (At time of this birth): 48 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Ogden, Utah
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Margaret
b. (Middle):
c. (Last): Moran

13. AGE (At time of this birth): 41 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): England
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 9
b. How many OTHER children were born alive but are now dead?
c. How many childre were stillborn (born dea after 20 wks. pregnancy)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: L. E. Betenson
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ___ OTHER (Specify) ___
19. ADDRESS: Preston, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: April 8, 1922
22. REGISTRAR'S SIGNATURE: Mrs. Ida Tippets
23. DATE ON WHICH GIVEN NAME ADDED BY ___ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ___ NO ___ DATE ___

Was a standard serological test for syphilis performed? YES ___ NO ___ APPROXIMATE DATE ___

LENGTH OF PREGNANCY ___ WEEKS
WEIGHT AT BIRTH ___ LBS. ___ OZS.
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
Was 1% Silver Nitrate Used to prevent blindness?

CK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
ISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ce to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

FEB 21 1969

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 18 1969
Bureau of Vital Statistics

State of Idaho, } ss.
County of Preston }

Certificate No. 100143

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for Unnamed Field who was born on March 20, 1922
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Preston, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on , are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Unnamed	Juanita Chrissie Field
Mother's Name	Margart Morain	Margaret Moran

Subscribed and sworn to before me this day of
, 19

Notary Public, residing at
My commission expires
(Seal)

Signed Thelma Lampson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Sacramento }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of February, 1969

Notary Public, residing at Sacramento
My commission expires October 27, 1972
(Seal)

Signed Martha W Bost
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60. 155

Certified copyof marriage license, State of California gives name as Juanita Chrissie Field, father Wm. C. Field, mother Margaret Moran. date of marriage May 24, 1941. viewed by V.S.

Notification of Birth Registration, Sacramento, California gives mother's name as Juanita Chrissie Field. Child born Feb 5, 1944. viewed by V.S.

Notification of Birth Registration, Sacramento, California gives mother's name as Juanita Chrissie Field. Child born March 21, 1942. viewed by V.S.

168-207-021-666

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

CERTIFICATE OF BIRTH

County of Franklin
City of Preston
No. ..... St.
Hospital

Registration District No. 27 File No. 100144
Primary Registration District No. 2119 Registered No. 70

FULL NAME OF CHILD Geraldine Wooley Johnson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Mar. 7 1922

What bacterieidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Jesse L. Johnson	FULL MAIDEN NAME	Thelma Wooley
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Preston, Idaho	BIRTHPLACE	Preston Ida.
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female, at 7.30 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. Cutler Jr.
Physician
(Physician or midwife)
Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Apr 8 1922 Mrs. Ida Tippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/24/41 Z.J.

363-201-021-319

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 100145

Primary Registration District No. 2119 Registered No. 71

FULL NAME OF CHILD Eva Cole
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Mar 1 1922

What bactericidal solution was used in eyes? Arygrol 20%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Ezra James Cole	FULL MAIDEN NAME	Edith Carver
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	W AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was bornalive (Born alive or stillborn), at 3:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Cutler Jr.

Physician (Physician or midwife)

Address Preston Idaho

Filed Apr 8 1922 Mrs Ida Lippets Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

RECEIVED
MAY 1 1922
BUREAU OF VITAL
STATISTICS

OF IDAHO

DEP MENT OF PUBLIC WELFARE

Boise, Idaho, MAY 8 - 1922 192

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Preston
- Street: Oneida
- County: Franklin

File Number: 100145

Registration Dist. No.:

Sex of Child: Female

Date of Birth: March first 1922

Father: Ezra James Cole
Full Name

Mother: Edith Carver Cole
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Eva Cole
Child's Name in Full

Edith Carver Cole
Signature of Father or Mother

AUG 16 1944

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

415-222-021-215

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St. ..... Registration District No. 27 File No. 100146

Hospital ..... Primary Registration District No. 2119 Registered No. 73

FULL NAME OF CHILD Audrey Melba Manning
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Mar 22 1922

What bactericidal solution was used in eyes? Argyrol 20 %

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Taylor Roy Manning	FULL MAIDEN NAME	Hilda May Savage
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	England
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 20 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. P. Cutler Jr.

Physician (Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Apr 8 1922 Mrs Ida Lysgaard Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, MAY 8 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston; Street: South Main; County: Franklin

File Number: 100146

Registration Dist. No.:

Date of Birth: March 22nd 1922.

Sex of Child: Female

Father: Taylor Lo Ray Manning (Full Name)

Mother: Hilda May Savage (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Audrey Melba Manning
Child's Name in Full

Mrs T L Manning
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

366-218-021-438

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ____ St.

Hospital

Registration District No. 27 File No. 100147

Primary Registration District No. 2119 Registered No. 74

FULL NAME OF CHILD Marie Louise
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	Mar 18 1922

What bacteriecidal solution was used in eyes? Argyrol 20 %

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Joel D. Love	FULL MAIDEN NAME	Lila McQueen
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Normal, at 5:50 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Butler
Physician
(Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Apr. 8 1922 Mrs Ida Tuppet
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
MAY 11 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, MAY 8 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Preston

Street: .....

County: Franklin

File Number: 100147

Registration Dist. No.: One

Sex of Child: Female

Date of Birth: March 18 1922.

Father: Orel Doney Lowe (Full Name)

Mother: Lila McQueen Lowe (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Maxie Lowe
Child's Name in Full

Lila M. Lowe
Signature of Father or Mother

FEB 10 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

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- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates, of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

753-124-021-168

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

County of Franklin
City of Preston
No. ..... St. ..... Registration District No. 27 File No. 100148
Hospital ..... Primary Registration District No. 2119 Registered No. 75

FULL NAME OF CHILD Anna Louise Petty
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Mar. 24 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wm H. Petty	FULL MAIDEN NAME	Emma Johnson
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Idaho	BIRTHPLACE	Preston Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was bornalive (Born alive or stillborn), at 12 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Cutler Jr.
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Preston Idaho

Filed Apr 8 1922 Mrs Ida Tippett
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3 1954

793-16.02-168

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin
City of Preston
No. ..... St.
Hospital

Registration District No. 27 — File No. 100149
Primary Registration District No. 2719 — Registered No. 17

FULL NAME OF CHILD George Wayne Gill
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.	and		yes.	Mar. 14 1922

What bacteriecidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 — Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Geo. P. Gill	FULL MAIDEN NAME	Wanda Johnson
RESIDENCE	Preston Ida.	RESIDENCE	Preston, Idaho
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Pleasanton Ida.	BIRTHPLACE	Ogden. Utah
OCCUPATION	Clerk in Dong Store	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:— A. M. on the date above stated.
(Born alive or stillborn)

(Signature) A. R. Veller
Physician
(Physician or midwife)
Address Preston, Idaho

Filed Apr 8 1922 — Mrs. Ida Tippets
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 30 1941

Rec'd April 21, 1922
134-123-021-585

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 100150
Local Reg. No. 83
Reg. Dist. No. 27

1. PLACE OF BIRTH
a. COUNTY: Franklin
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Preston
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Preston
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): ORIN
b. (Middle): LOUIS
c. (Last): ALDER

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): March 23, 1922

FATHER OF CHILD

7. FULL NAME
a. (First): Francis
b. (Middle): Muir
c. (Last): Whitworth

8. AGE (At time of this birth): 17 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Chesterfield, Idaho

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY: Agriculture

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Wanda
b. (Middle): Katie
c. (Last): Nye

13. AGE (At time of this birth): 16 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Ogden, Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship): Mrs. Wanda Katie Whitworth Mother

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: A. R. Cutler, Jr., M. D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Preston, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: April 8, 1922

22. REGISTRAR'S SIGNATURE: Mrs. Ida Tippets

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? Argyrol 20%
YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

JUN 13 1966

155-127-021269

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin
City of Preston
No. ..... St.
Hospital

Registration District No. 37 File No. 100151
Primary Registration District No. 2119 Registered No. 76

FULL NAME OF CHILD Preston Jensen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.		yes.	Mar. 27 1922

What bactericidal solution was used in eyes? Argyrol 20 %

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Anton H. Jensen.	FULL MAIDEN NAME	Elinor Boreham
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Preston	BIRTHPLACE	England
OCCUPATION	Real Estate Agent.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. D. Fuller Jr.
Physician
(Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Apr 8 1922 Mrs Ida Tippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

261-217-021-155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 100152

County of Franklin
City of Whitney
No. ..... St.
Hospital
Registration No. 27
Primary Registration District No. 2119
Registered No. 72

FULL NAME OF CHILD Vern Swainston
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes.	Mar. 17 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 3 (Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	John Virgil Swainston	FULL MAIDEN NAME	Anna Jensen
RESIDENCE	Whitney	RESIDENCE	Whitney
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Preston Ida.
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6.40 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. C. Cutler Jr.
Physician
(Physician or midwife)

Address Preston Ida

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Apr 8 1922 Mrs. Ida Tippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
MAY 24 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, MAY 9 1922

Dear

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Whitney Idaho

Street:

County: Franklin

File Number: 100152

Registration Dist. No.: 3

Date of Birth: March 17 1922

Sex of Child: Female

Father: John Ezel Swainston (Full Name)

Mother: Annie P. Jensen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ferri Swainston (Child's Name in Full)

Mrs. Annie P. Swainston (Signature of Father or Mother)

JUN 26 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

445-101-021-366

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 100153

County of Franklin
City of Whitney
No. ..... St.
Hospital .....

REC
APR 21 192
BUREAU OF VITAL STATISTICS

Registration District No. 27
Primary Registration District No. 2119
Registered No. 82

FULL NAME OF CHILD Wm K. Dunkley
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			yes.	Mar 1 1922

What bacteriecidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wm J. Dunkley	FULL MAIDEN NAME	Laura Lowe
RESIDENCE	Whitney Ida.	RESIDENCE	Whitney
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Franklin	BIRTHPLACE	Franklin
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Cutler Jr
Physician
(Physician or midwife)

Address Preston Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Apr 8 1922 Mrs Ida Liggett
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 6 1944

JAN 2 2 1945

Dup of 1922-99317

253/25:021-553

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Banida

APR 21 1922
BUREAU OF VITAL STATISTICS

No. ____ Registration District No. 27 File No. 100154

Hospital ____ Primary Registration District No. 2119 Registered No. 66

FULL NAME OF CHILD Spencer N. Hallard
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Mar. 25 192 2

What bacterieidal solution was used in eyes? Silver nitorate Sol. 1%

Number of child of this mother, including present birth II Number of child of this mother now living, including present birth 9

FATHER	MOTHER
FULL NAME Hebert Theador Keller	FULL MAIDEN NAME Katherine Josephine Nelson
RESIDENCE Banida, Idaho	RESIDENCE Banida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Mink Creek, Idaho	BIRTHPLACE Logan Utah
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) I. E. Betenson

Physician
(Physician or midwife)

Address Preston, Idaho.

Filed Apr. 8 1922 Mrs. Ida Tippets
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASON[illegible] CERTIFICATE OF

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital impor
ance to have the full name included in the record. Kindly fill in the information requested in the blank belo
and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Bauxite

Street:

County: Franklin

File Number: 100154

Registration Dist. No.:

Sex of Child: Male

Date of Birth: Mar 25 192

Father: Hebert T. Keller (Full Name)

Mother: Josephine Keller (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Spencer N. Keller

Child's Name in Full

Mrs. Josephine Keller

Signature of Father or Mother

- - - - - - - - - - -

'th registration is part of every child's birthrig
establishes leg lly the date of the child's birth
macy.
enables the Public Health Nurse to make sure th
cted from danger of blindness and other infection

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - -

The correct age for purposes of school attendanc
Employment.
Protection under the law.
Military and jury duty.
Right to travel unmolested in foreign lands.
Right to vote.
Right to receive pensions and inherit property.
Furnishes acceptable evidence of genealogy.
Right to get married.
Just at this time while many of the Ex-Service me
furnish certified copies of certificates of birth,
at the certificates be filed with the BUREAU OF V
he same completed by furnishing the name of the ch

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHI

546-704-021-363

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Winder

No. ..... St.

Registration District No. 27 File No. 100155

Hospital ..... Primary Registration District No. 219 Registered No. 67

FULL NAME OF CHILD MYRON GERALD NUFFER

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth	(Month)	(Day)	192 (Year)
Male				Yes	Mar.	4		22

What bacterieidal solution was used in eyes? Silver nitrate Sol. 1%

Number of child of this mother, including present birth I Number of child of this mother now living, including present birth I

FATHER	MOTHER
FULL NAME ~~Norman~~ Myron David Nuffer	FULL MAIDEN NAME Camille Cole
RESIDENCE Winder, Idaho	RESIDENCE Banida
COLOR White	AGE AT LAST BIRTHDAY 21 (Years)
COLOR White	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Preston,	BIRTHPLACE Fairview, Idaho
OCCUPATION School Teacher	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J. E. Betenson

Physician
(Physician or midwife)

Address Preston, Idaho.

Filed Apr. 8 1922 Mrs Ida Tippett Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss. OCT 8 - 1942 Certificate No. 100155

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Infant (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on Mar. 4, 1922 (DATE OF EVENT)

in Preston (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Father's name ~~Norman David Nuffer~~	~~Myron David Nuffer~~	Myron David Nuffer
name	none given	Myron Gerald Nuffer
mother's maiden name	Camille Cole	Camille Cole

Subscribed and sworn to before me this 22nd day of September, 1942.

Clayton Wells
Notary Public, residing at Preston, Idaho

My commission expires 12-17-44
(SEAL)

Signed Myron David Nuffer
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of October, 19 42.

Clayton Wells
Notary Public, residing at Preston, Idaho

My commission expires Aug - 1943
(SEAL)

Signed John R Brown
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

54 East 2nd North, Preston, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

AUG 2 1973

OCT 9 1942

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-125-022-389

PLACE OF BIRTH

[redacted] OF IDAHO

Form V. S. No. 11-C--25m-7-21-19

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Ashton Registration District No. 10 2 File No. 100156

No. ..... St.

Primary Registration District No. 6 Registered No. 110

Hospital .....

FULL NAME OF CHILD James L. Hancock.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
Male				yes	4-26-22

FATHER		MOTHER	
FULL NAME	Leo Vernon Hancock	FULL MAIDEN NAME	Allie Christensen Hancock
RESIDENCE	Marysville, Ida.	RESIDENCE	Marysville, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was living (Born alive or stillborn), at 3:25 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address Ashton Ida

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 4-26-22 19..... [signature]

Registrar

MAR 4 1975

JAN - 7 1943

345-202-022-319

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Ashton

No. ..... St.

Hospital .....

Registration District No. 102 File No. 100157

Primary Registration District No. 6 Registered No. 109

FULL NAME OF CHILD Erma Cunningham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes.	4 (Month) — 2 (Day) — 1922 (Year)

FATHER		MOTHER	
FULL NAME	Alma H. Cunningham	FULL MAIDEN NAME	Cerry Larson Cunningham
RESIDENCE	Ashton Ida.	RESIDENCE	Ashton, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1230 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Meacham

Phys.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Ashton, Idaho

Filed 4-5- 1922 C. C. Meacham

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 6 1944
SEP 28 1944

294-205-023-813

PLACE OF BIRTH

RECEIVED
MAY 8 1922
BUREAU OF VITAL STATISTICS

[redacted]IDAHO
DEP[redacted]UBLIC WELFARE
BU[redacted]L STATISTICS

CERTIFICATE OF BIRTH

County of Gem

City of New Plymouth

No. RFD 2 St.

Registration District No. 5 File No. 100158

Hospital

Primary Registration District No. 2009 Registered No. 9

FULL NAME OF CHILD Ruth Sims

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Apr 5 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Alvin John Sims	FULL MAIDEN NAME	Katy Hale
RESIDENCE	New Plymouth RFD 2	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	~~Utah~~ Ida	BIRTHPLACE	~~Utah~~ Wyo
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:50 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. M. Drake M. D.

(Physician or midwife)

Address New Plymouth Ida

Filed 4/6 1922 Wm T. Drysdale

Registrar.

Give names added from a supplemental report.

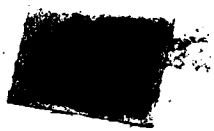
....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



816-209-023-816

PLACE OF BIRTH

name added 11-16-83 dl

RECEIVED
MAY 8 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Gem

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of New Plymouth

No. R 7 D s St.

Registration District No. 5

File No. 100159

Hospital

Primary Registration District No. 2009

Registered No. 10

FULL NAME OF CHILD Rosella Marie Hawkins

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Apr 9 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Earl Alvah Hawkins	FULL MAIDEN NAME Lela Elizabeth Hawkins
RESIDENCE New Plymouth R7Ds	RESIDENCE with Husband
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Ida.	BIRTHPLACE Nevada
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:30 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Wm J. Drysdale M.D.

(Physician or midwife)

Address New Plymouth, Ida

Filed 4/10 1922 Wm J. Drysdale
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECLASSIFIED

5-25-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 100159
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Hawkins (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 9, 1922 (Date of Event)

in New Plymouth, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	unnamed	Rosella Marie Hawkins

Subscribed and sworn to before me this 25 day of May, 1982.

Notary Public, Linda L. Cleverly

Residing at Grace, Idaho

My commission expires April 3, 1985

(Seal)

X Lela Elizabeth Hill
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certificate of Birth for Michael Lennar Jensen born 9-10-52 in Emmett gives mothers maiden name as Rosella Marie Hawkins. Filed Sept 23, 1952. Viewed by V.S.

Certificate of Baptism from LDS Church gives Rosella Marie Jensen daughter of Earl Alvin Hawkins and Lela Elizabeth Allen born April 9, 1922 at Emmett was baptised Dec 4, 1971. Viewed by V.S.

231-21-025-619

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

RECEIVED APR 2 1922 BUREAU OF VITAL STATISTICS

STATE OF [redacted]
BUREAU OF VIT[redacted]
CERTIFICATE O[redacted]

100160

County of Idaho

City of Cottonwood

Registration District No. 105 File No. 10

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Geraldine Anna Blackburn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Mar. (Month) 11 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Frank R. Blackburn	FULL MAIDEN NAME	Jessie Wardrobe
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wesley F. Orr

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Cottonwood Idaho

Filed Apr. 10 1922 W. F. Orr Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Certified Copy issued Feb. 14, 1941. E.M.

DECLASSIFIED

793.214.025-113

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 19
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100161

PLACE OF BIRTH

County of Idaho

City of Ferdinand

No. ..... St.

Hospital .....

Registration District No. 105 File No. 1

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Evelyn Cecelia Gilbert

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Mar. 14 1922

FATHER		MOTHER	
FULL NAME	John P. Gilbert	FULL MAIDEN NAME	Emma Jacobs
RESIDENCE	Ferdinand	RESIDENCE	Ferdinand
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Jasperburg	BIRTHPLACE	Washington
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:50 a.m. on the date above stated.

(Signature) Dr. Wesley F. Orr

(Physician or midwife)

Address Cottonwood Idaho

Filed Apr. 10 1922 W. F. Orr Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 5 1943

644-215-025-681

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100162

County of Idaho

City of Kentenville Registration District No. 105 File No. 12

No. ____ St.

Primary Registration District No. 2183 Registered No. ____

Hospital ____

FULL NAME OF CHILD Helen Viola Addson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Mar 15 1922

FATHER		MOTHER	
FULL NAME	Effinger Addson	FULL MAIDEN NAME	Kate Wyatt
RESIDENCE	Kentenville	RESIDENCE	Kentenville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Virginia
OCCUPATION	Millman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:25 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Orr

(Physician or midwife)

Address Cottonwood Idaho.

Given names added from a supplemental report. ____ 19____

Filed Apr. 10 1922 W. F. Orr Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 14 19

413-220-025-B69

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100163

RECEIVED APR 9 1922 VITAL STATISTICS

County of Idaho

City of Cottonwood Registration District No. 105 File No. 13

No. ____ St.

Primary Registration District No. 2183 Registered No. ____

Hospital ____

FULL NAME OF CHILD Aileen Magdelene Malerich

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Mar. 20 1922

FATHER		MOTHER	
FULL NAME	Edward Malerich	FULL MAIDEN NAME	Lena Tarasmann
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) Dr Wesley F. Orr

(Physician or midwife)

Address Cottonwood Idaho

Filed Apr. 10 1922 W. F. Orr
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-221-025-758

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

CERTIFICATE OF BIRTH

100164

County of Idaho

City of Ferdinand

Registration District No. 105 File No. 14

No. ..... St.

Caroline

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Anselma Mary Elizabeth Schaffer

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Mar. 21 1922

FATHER		MOTHER	
FULL NAME	Joseph L. Schaffer	FULL MAIDEN NAME	Anna Gehring
RESIDENCE	Ferdinand	RESIDENCE	Ferdinand
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3:00 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Orr

(Physician or midwife)

Address Cottonwood Idaho.

Given names added from a supplemental report.

..... 19....

Registrar

Filed Apr 10 1922 W. F. Orr.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1969

514-224-025-815

PLACE OF BIRTH

RECEIVED

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100165

County of Idaho

City of Ferdinand

Registration District No. 105 File No. 15

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Baldretta~~ VALVERTTA Nau

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Mar. 24 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward J. Nau	FULL MAIDEN NAME	Emma U. Hanses
RESIDENCE	Ferdinand	RESIDENCE	Ferdinand
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Colorado
OCCUPATION	Harness Maker	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:00 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wesley F. Orr

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Cottonwood Idaho

Filed Apr. 10 1922 W. F. Orr

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Santa Barbara } ss.

Certificate No. 100165

Date Filed 10/16/42

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for ____ (Name on Original Certificate) who Born (Was Born or Died) on March 24, 1922 (Date of Event)
in Ferdinand Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ____ (Bible Record, Insurance Policy, Etc.) prepared on ____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Baldretta	Valvertta Nau

Subscribed and sworn to before me this 26th
day of October, 1942

Notary Public, residing at Santa Barbara

My commission expires 6/13/45
(Seal)

Signed E. J. Nau
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1025 E. Yanonali
(Street Address, City, State) Santa Barbara, Calif.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Santa Barbara } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th
day of October, 1942

Notary Public, residing at Santa Barbara

My commission expires 6/13/45
(Seal)

Signed J. Chesterson
(Signature of Any Credible Person Other Than Previous Year)

104 Del Mar Ave Santa Barbara Calif.
(Street Address, City, State)

OCT 3 0 1942

342-226-025-115

Form V. S. No. 11-C--25m-7-21-19

RECEIVED
APR 8 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Idaho

City of Cottonwood

Registration District No. 105 File No. 100166

No. ____ St.

Primary Registration District No. 2183 Registered No. ____

Hospital ____

FULL NAME OF CHILD ~~Mary~~ Loretta Lustig MARY JOHANNA

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Mar. 26 1922

FATHER		MOTHER	
FULL NAME	Victor Lustig	FULL MAIDEN NAME	Marie Janssen
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:00 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) Dr. Wesley F. Orr

(Physician or midwife)

Address Cottonwood Idaho

Filed Apr. 10 1922 W. F. Orr
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Idaho }

Certificate No. 100166

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Mary Loretta Lustig (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on March 26, 1922 (DATE OF EVENT)
in Idaho County, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Baptism Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on March 27, 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Mary Loretta	Loretta Mary Johanna Lustig

Subscribed and sworn to before me this 9 day of February, 1943.

Notary Public, residing at Cottonwood, Idaho

My commission expires Aug. 18, 1944 (SEAL)

Signed Mrs. Mary E. Lustig
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)

R.F.D. 1, Cottonwood, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Idaho }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of February, 1943.

Notary Public, residing at Cottonwood, Idaho

My commission expires Aug. 18, 1944 (SEAL)

Signed S G Buchman
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Greencreek, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 11 1943

963-226-025-219

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Idaho

City of Ferdinand

No. ..... St.

Primary Registration District No. 2183 Registered No. .....

Hospital .....

FULL NAME OF CHILD Florence Virginia Roeper

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	March 26, 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Christ Roeper	Ida E. Garbacher
RESIDENCE	Ferdinand, Idaho	Ferdinand, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	27
BIRTHPLACE	St. Louis, Mo.	Perham, Minn.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:15 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Christ Roeper (Father)

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

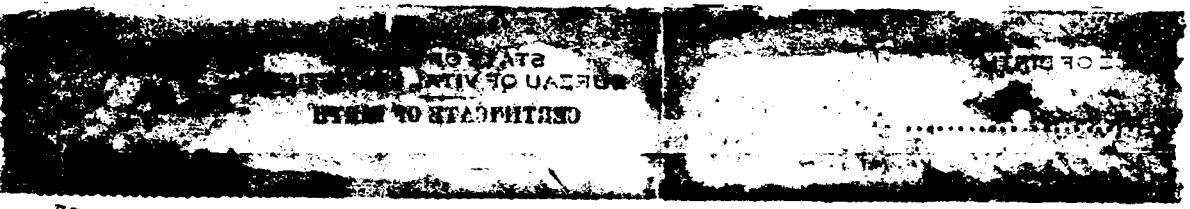
Filed Apr. 10 1922 W. F. Orr

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



FEB 28 1992

264-114-025-418

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

APH
BUREAU OF VITAL STATISTICS

County of Idaho

City of Cottonwood

Registration District No. 105

File No. 199168

No. ____ St.

Primary Registration District No. 2183

Registered No. ____

Hospital ____

FULL NAME OF CHILD Casper Joseph Sommers

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes.	May 13 1922

FATHER		MOTHER	
FULL NAME	Casper Sommers	FULL MAIDEN NAME	Theresa A Dayline
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	New York	BIRTHPLACE	New York
OCCUPATION	Veterinarian	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:00 a M., on the date above stated.

(Signature) Dr Wesley F. Orr

(Physician or midwife)

Address Cottonwood Idaho

Filed Apr 10 1922 W. F. Orr Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1922 - 109934

685-126-025-242

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100169

County of Idaho

City of Grangeville

No. ..... St.

RECEIVED APR 4 1922

Registration District No. 103 File No. .....

Hospital ..... Primary Registration District No. 1001 Registered No. 13

FULL NAME OF CHILD Wayne Whetstine
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	March 6 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 10

FATHER		MOTHER	
FULL NAME	Carl Whetstine	FULL MAIDEN NAME	Mary A. Baker
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	55	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Iowa	BIRTHPLACE	Mo.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.04 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) G S Stucklen

(Physician or ~~midwife~~)

Address Grangeville Idaho

Filed April 1 1922 G S Stucklen Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 14, 1941. E.W.

JUL 8 1943

799-106-025-816

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100170

County of Idaho

City of Warren

No. ____ St. ____

Hospital ____

Registration District No. 103 File No. ____

Primary Registration District No. 2181 Registered No. 14

FULL NAME OF CHILD Joseph Clarence Prindle
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	Jan 6 1922

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth. 2 Number of child of this mother now living, including present birth. 2

FATHER		MOTHER	
FULL NAME	Edmond R. Prindle	FULL MAIDEN NAME	May Estella Hawley
RESIDENCE	Warren Idaho	RESIDENCE	Warren Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Virginia City Mont	BIRTHPLACE	Joliet Illinois
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at ____ M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. R. Prindle
Father
(Physician or midwife)

Address Warren Idaho

Filed April 1 1922 G. S. Stockton
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 31 1942

418-223-025-944

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100171

County of Idaho RECEIVED APR 3 1922

City of Grangeville

No. ..... St. Registration District No. 103 File No. .....

Hospital ..... Primary Registration District No. 2101 Registered No. 12

FULL NAME OF CHILD Zelma Alta Dahl
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		yes	Mar. 23 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 11 Number of child of this mother now living, including present birth 11

FATHER		MOTHER	
FULL NAME	Antone C Dahl	FULL MAIDEN NAME	Phileta M. Zumwalt
RESIDENCE	Grangeville Ida.	RESIDENCE	Grangeville Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 3/4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton
(Physician or midwife)

Address Grangeville Ida.

Filed April 1, 1922 G S Stockton
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

532-128-025-799

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 21 19..

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Registration District No. 103 File No. 100172

Hospital ..... Primary Registration District No. 2181 Registered No. 16

FULL NAME OF CHILD Walter Albert Eckel
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Mar. 28 1922

What bactericidal solution was used in eyes? argyrol 10%

Number of child of this mother, including present birth 4th Number of child of this mother now living, including present birth 4th

FATHER		MOTHER	
FULL NAME	Walter A. Eckel	FULL MAIDEN NAME	Jennie E. Gaillie
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Colorado	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton
(Physician ~~or midwife~~)

Address Grangeville Idaho

Filed April 1, 1922 G. S. Stockton
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/7/41 L. B.

956-212-025-493

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED APR 21 1922

County of Idaho

City of Grangeville

No. ____ St.

Registration District No. 103 File No. 100173

Hospital ____ Primary Registration District No. 2181 Registered No. 15

FULL NAME OF CHILD Ruth Nadine Leonard
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		yes	Mar. 12 1922

What bacteriaidal solution was used in eyes? Argyrol 10 %

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Lester Leonard	FULL MAIDEN NAME	Kathryn M. Miller
RESIDENCE	Carabelle Ida	RESIDENCE	Carabelle Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) G. S. Stockton
(Physician or midwife)

Address Grangeville Idaho

Filed April 1 1922 G. S. Stockton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 1 1944

231-212-025-293

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Registration District No. 103 File No. 100174

Hospital ..... Primary Registration District No. 2181 Registered No. 17

FULL NAME OF CHILD Freda Helen Stallinger
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Mar. 17 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4th Number of child of this mother now living, including present birth 4th

FATHER		MOTHER	
FULL NAME	George Stallinger	FULL MAIDEN NAME	Mary Zellenberger
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Stallinger
Father
(Physician or midwife)

Address Grangeville Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed April 1 1922 E. S. Stockton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 6 1968

JAN 2 3 1945

546-207-025-695

PLACE OF BIRTH

Form V. S. No. 11-C—25m-8-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

County of Idaho

City of Stites

Registration District No. 106

File No. 100175

No. ..... St.

Primary Registration District No. 2184

Registered No. .....

Hospital .....

FULL NAME OF CHILD Louise Edwards

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Mar 3 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chris Col. Edwards	FULL MAIDEN NAME	Mary Belle Fields
RESIDENCE	Clearwater	RESIDENCE	Clearwater
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Kentucky	BIRTHPLACE	Kentucky
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wentworth

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Stites Idaho

Registrar

Filed April 1 1922 J. M. Weber Lewis Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-203-025-296

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

County of Idaho

City of Stites

Registration District No. 106

File No. 100176

No. ..... St.

Primary Registration District No. 2184

Registered No. 10

Hospital .....

FULL NAME OF CHILD Dorothy May Carter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	March 3 1922

	FATHER		MOTHER
FULL NAME	Fred Ruby Carter	FULL MAIDEN NAME	Nancy Marie Brown
RESIDENCE	Stites	RESIDENCE	Stites
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... one

Number of children of this mother now living, including present birth ..... one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

(Signature) H W Wentworth M D

(Physician or midwife)

Address Stites Idaho

Filed April 2 1922

J M Weber Kuevs
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-128-025-433

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

Registration District No. 106

File No. 100177

Primary Registration District No. 2184

Registered No. 9

FULL NAME OF CHILD John Watson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Feb 28 1922

FATHER		MOTHER	
FULL NAME	Milton Watson	FULL MAIDEN NAME	Mina McCready
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ohio	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Milt Watson

Father (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kooskia - Idaho

Filed April 1 1922 J M Weberkamers Registrar

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 15 1965

755-104-024-766

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Hagerman

Registration District No. 24

File No. 100178

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Penfold William Fred Erich

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Mar (Month) 4 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Fred Penfold	FULL MAIDEN NAME	Helen Goold
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:25 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb per A. Zingg
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Gooding Idaho

Filed 3-13-1922 F J Caymont
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF FLORIDA

RECEIVED
MAY 22 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAY 1 1922 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Hagerman

Street:

County: Gooding

File Number: ~~100159~~ 100178

Registration Dist. No.:

Sex of Child: ~~F~~emale

Date of Birth: March 4 1922

Father: William Fred Penford
Full Name

Mother: Helen Goode
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

William Fred Jr. Penford
Child's Name in Full

Helen G. Penford
Signature of Father or Mother

AUG

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

693-107-024-14

PLACE OF BIRTH

ADDED CHILD'S NAME 2-23-98 MS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100179

County of Gooding

City of "

No. S[redacted]en District No. 24 File No.

Hospital [redacted]egistration District No. Registered No.

FULL NAME OF CHILD C[redacted]ES E WILKINS ~~Wilkins~~

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
boy		yes	3-7-1922

What bactericidal solution was used in eyes? 10 o/o Sol. Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	D. E. Wilkins	FULL MAIDEN NAME	Jessie C. Adams
RESIDENCE	Emmett, Ida.	RESIDENCE	Emmett, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	England	BIRTHPLACE	Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M.D.

(Physician or midwife)

Give names added from a supplemental report.

K ....., 19....

Registrar.

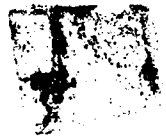
Address Gooding, Ida.

Filed 3-13-1922 F J Carey M.D.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



ERAL REASONS WHY A CERTIFICATE O
CH CHILD AND THE SAME COMPLETE

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number .....100179.....

Registration Dist. No. .....

Sex of Child.....Male.....

Date of Birth .....192....

Father .....
Full Name

Mother .....
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

.....
Signature of Father or Mother

Returned

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

VITAL STATISTICS

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

12-5-97

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____
County of _____ } ss.

Certificate No. 1922-100179
Date Filed APR. 21, 1922

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for UNNAMED WILKINS (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on MARCH 7, 1922 (Date of Event)

in GOODING (GOODING) ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	UNNAMED WILKINS	CHARLES E WILKINS

Subscribed and sworn to before me this 20 day of

Notary Public, _____

Residing at _____

My commission expires 1/26/98

(Seal)

x Charles E Wilkins
Signature of Applicant

x _____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of

_____, ___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

ICC paid

EXPLANATION OF MEDICARE BENEFITS DATED MARCH 8, 1991 TO CHARLES E WILKINS VIEWED VS.

MEDICAL RECORD DATED 7/25/88 FOR CHARLE WILKINS VIEWED VS.

MEDICAL ID CARD ISSUED TO CHARLES E WILKINS 11/1/97 VIEWED VS.

259-113-024-363

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

Registration District No. 24

File No. 100180

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Myron Reed KNIGHT Jr.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy				Yes	March 13 (Month) (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Myron Knight	FULL MAIDEN NAME Mattie Colson
RESIDENCE Gooding, Idaho	RESIDENCE Gooding, Idaho
COLOR White	AGE AT LAST BIRTHDAY 24 (Years)
COLOR White	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Colorado	BIRTHPLACE Tenn.
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 A.M. M. on the date above stated.

(Signature) F. E. Camp M.D.

(Physician or midwife)

Address Gooding Idaho

Filed 3-13-1922

F. E. Camp M.D.
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
MAY 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, MAY 8 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Gooding

Street: R. 7 P. O. Box 4

County: Gooding

File Number: 100180

Registration Dist. No.:

Sex of Child: Male

Date of Birth: March 13 192?

Father: Myron Reed Knight (Full Name)

Mother: Mattie Colson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Myron Kurtz Knight Jr.

Child's Name in Full

Mrs. Myron R. Knight

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

253-111-024-663

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. R F D St.

Registration District No. 24 File No. 100181

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Wesley Dean Belveal

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Mar (Month) 11 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Jim Belveal	FULL MAIDEN NAME	Helen C Folsom
RESIDENCE	Gooding Idaho	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Kansas	BIRTHPLACE	Kan
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F J Cary MD

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Gooding Idaho

Filed 3-11- 1922 F J Cary MD Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAY 8 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Gooding, Ida. Street Country. County Gooding

File Number 100181

Registration Dist. No. .....

Date of Birth March 11 192 2

Sex of Child Male

Father James D Belveal (Full Name) Mother Helen C. Folsom (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Wesley Dean Belveal
Child's Name in Full

Mrs. Helen C. Belveal
Signature of Father or Mother

BUREAU OF VITAL STATISTICS

SEP 2 4 1945

MAR 15 1963

SEVIRAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, pare and legitimacy.

It enables the Public Health Nurse to make sure the chil been protected from danger of blindness and other infections at t

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are pelled to furnish certified copies of certificates of birth, it is portant that the certificates be filed with the BUREAU OF VITAL ST TICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

RECEIVED NOV 17 1922

164-131-024-726

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. R 7 D St.

Registration District No. 24

File No. 100182

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD ~~Gough~~ Edgar Leland Gough

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	March 31 1922

FATHER

FULL NAME Ernest Gough

RESIDENCE Gooding, Idaho

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Mo. —

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Opal Dixon

RESIDENCE Gooding

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Mo —

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:50 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F Reay MD

(Physician or midwife)

Address Gooding Idaho

Given names added from a supplemental report.

19

Registrar

Filed 4-5-1922

F Reay MD
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAY 8 - 19 .....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Gooding

Street: Route 1

County: Gooding

File Number: 100182

Registration Dist. No.:

Sex of Child: Male

Date of Birth: March 31 1922

Father: Ernest H. Gough (Full Name)

Mother: Opal Gough (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Edgar Leland Gough
Child's Name in Full

Opal Gough
Signature of Father or Mother

OCT 1 194

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

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It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

559-126-024-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of "

No. ..... St.

Registration District No. 24 File No. 100184

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Richard James Neibaur
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
boy		yes	Mar. 26 1922

What bactericidal solution was used in eyes? 10 % Sol. Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wm Neibaur	FULL MAIDEN NAME	Wilson
RESIDENCE	Gooding, Ida.	RESIDENCE	Gooding, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Baker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M.D.
(Physician or midwife)

Address Gooding, Ida

Filed 4-8-1922 F. T. Cary M.D.
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 11 1942

[redacted]

JUL 10 1943

613-220-024-366

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of "

No. ..... St.

Registration District No. 24

File No. 100185

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Willa ~~XXXXXXXXXX~~ Beatrice Walker

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
girl		yes.	3-20-1922

What bactericidal solution was used in eyes? 10 o/o Sol. Argyrol.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Albert A. Walker.	FULL MAIDEN NAME	Josephine Low.
RESIDENCE	Gooding, Ida.	RESIDENCE	Gooding, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ida.	BIRTHPLACE	Wn.
OCCUPATION	Farming.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M.D.

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Gooding, Ida.

Filed 4-8-1922 F. S. Cary, M.D.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of California } ss.
County of San Diego }

Certificate No. 100185
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for Willa Beatrice Walker (Name on original certificate) who March 20th, 1922. (Was born or died) on March 20, 1922. (Date of event)

in Gooding Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true

facts as shown by Father (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	Willa Pauline Walker	Willa Beatrice Walker

Subscribed and sworn to before me this 23rd. day of September, 1941.

May J. Shuey
Notary Public, residing at San Diego Calif.
My commission expires My Commission Expires Nov. 22, 1941
[SEAL]

Signed A A Walker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

(Street Address, City, State)

Supporting Affidavit of a Second Person

State of California } ss.
County of San Diego }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd. day of September, 1941.

May J. Shuey
Notary Public, residing at San Diego Calif.
My commission expires My Commission Expires Nov. 22, 1941
[SEAL]

Signed Eugenie W. Van Denburgh
(Signature of any credible person other than the previous affiant)

4060 Highland Ave
(Street Address, City, State)
San Diego, Calif

Received for filing on ..... by .....
(Registrar's signature)

APR 2 0 1953

958-217.02X-318

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of "

No. ..... St.

Registration District No. 24

File No. 100186

Hospital Deaconess

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Elsie Requist

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
girl		yes	Mch 17 1922

What bactericidal solution was used in eyes? 10 % Sol. Argyrol

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Frank Oscar Requist	FULL MAIDEN NAME	Nellie Cora Taylor
RESIDENCE	Gooding, Ida	RESIDENCE	Gooding, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Illinois	BIRTHPLACE	Iowa
OCCUPATION	Grocer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell MD

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Gooding, Ida.

Filed 4-8-1922 F F Cary MD

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 13 1969

455·212·024-299

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital Frances Lenore Denny -

FULL NAME OF CHILD

RECEIVED APR 21 1922 BUREAU OF VITAL

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 100187

Primary Registration District No. ..... Registered No. .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes -	Mar 12 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Denny	FULL MAIDEN NAME	Nellie Kirkpatrick
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kansas -	BIRTHPLACE	Nebraska
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:00 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Verbryck
Per A. Z
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Gooding Idaho

Filed 4-10-1922 F. F. Cary M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAY 8 - 1922 ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Gooding

Place of Birth — Street: Idaho St

Place of Birth — County: Gooding

File Number: 100187

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Mar. 12th 192.2

Father: Chas. R. Denny (Full Name)

Mother: Nellie Etta Kirkpatrick (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Frances Lenore Denny
Child's Name in Full

Nellie E. Denny
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

219-216-024-296

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Registration District No. 24

File No. 100188

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Emily Marion Barker — (Later died on March 18-1922

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Mar 16 19 22

FATHER		MOTHER	
FULL NAME	Hugh Barker	FULL MAIDEN NAME	Marion Brown
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Aviator	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4:20 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Lamb per A. Zingg
(Physician or midwife)

Address Gooding Idaho

Given names added from a supplemental report.

..... 19..

Registrar

Filed 4-10-19 22

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAY 8 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Gooding Idaho

Street: Gooding Deaconess Hospital

County: Gooding

File Number 100188

Registration Dist. No.:

Date of Death March 18. 1922

Sex of Child: Female

Date of Birth: March 16 192.2

Father: Hugh C. Watfield Barker (Full Name)

Mother: Marion Edna Brown (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Emily Marion Barker

Child's Name in Full

Marion Barker

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

-799.230-024-799

Amended 6-2-64 (Be sure the information is complete and accurate)

State File No. 100189

Local Reg. No.

Reg. Dist. No. 24

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Gooding

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Gooding

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print) a. (First)	b. (Middle)	c. (Last)
Lois	Amanda	Prince

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month)	(Day)	(Year)
Female	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	March	30,	1922

FATHER OF CHILD

7. FULL NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
James	M.	Prince	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
39 YEARS	Utah	Rancher	

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Annie	E.	Prisbrey	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
34 YEARS	Utah	6	0	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: G. G. Verbryck

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Gooding, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 4-10-1922

20. REGISTRAR'S SIGNATURE: F. T. Cary, M.D.

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

...nance to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occ hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phy or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this a with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or ow the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, ir case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person ch with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper c cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 100189

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Prince (Name on Original Certificate) who was born (Was Born or Died) on March 30, 1922 (Date of Event)

in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Unnamed Prince	Lois Amanda Prince
Mother's Name	Anna Prisbrey	Annie Elizabeth Prisbrey
Father's Name	James Prince	James Mendis Prince

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Mother Annie Elizabeth Prince
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

647 Pioneer Road Weiser Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of June, 1964

Notary Public, residing at Ea. of Idaho
My commission expires Sept 28, 1964
(Seal)

Signed Lois A. McKeith
(Signature of Any Credible Person)

Box 97 Glenns Ferry Idaho
(Street Address, City, State)

FORM DPH 55.155

L. 4-24-59 1 copy pd

Certificate of Baptism and Confirmation gives name as Lois Amanda Prince born Mar. 30, 1922 also gives fathers name as James M. Prince and mothers name as Annie E. Prisbrey. Confirmed Sept. 7, 1930 Clarence Aston, Bishop

Viewed by V. S.

Certificate of Blessing gives name as Lois Amanda Prince daughter of James M. Prince and Annie E. Prisbrey born Mar. 30, 1922. Blessed July 2, 1922 by George E. Jenkins, Bishop.

Viewed by V. S

parent's full middle names not added because documents only gave initial's -

693-215-026-165

PLACE OF BIRTH

Form V. S. [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100190

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 93

Hospital .....

FULL NAME OF CHILD Barbara Margaret Fillmore

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	Jan 15 22

FATHER

FULL NAME Ray Fillmore

RESIDENCE Rigby

COLOR W AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Utah

OCCUPATION Clerk

MOTHER

FULL MAIDEN NAME Margaret Jones

RESIDENCE Rigby

COLOR W AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Idaho

OCCUPATION At home

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar.

(Signature) Ray H Drake

(Physician or midwife)

Address Rigby

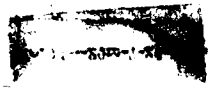
Filed 4-10 19 22 Ray H Drake
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 15 1944



253-109-026-659

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Roberts

No. ____ St.

Registration District No. 98 File No. 100191

Hospital ____ Primary Registration District No. 2176 Registered No. 127

FULL NAME OF CHILD Harry Weir Bell

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb 9 1922

What bactericidal solution was used in eyes? Argyrol 25% Sol

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	John A. Bell	Sarah L. Weir
RESIDENCE	Roberts, Idaho	Roberts, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	40
BIRTHPLACE	Near St Joe, Clay County, Mo.	Scotland
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:50 P M. (Born alive or stillborn) on the date above stated.

(Signature) G W Pendleton

Physician (Physician or midwife)

Address Idaho Falls, Idaho

Filed 4-10 1922 Ray H Fraker Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/4/41 L. P.

JUN 19 1974

236-11-26-790 Amended Sept. 29, 1955

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Registration District No. 98 File No. 100192

Hospital ..... Primary Registration District No. 2176 Registered No. 126

FULL NAME OF CHILD LENNES MARK SCOTT
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	2-11- 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: Josiah A. Scott	FULL MAIDEN NAME: Emma Priest
RESIDENCE: Country	RESIDENCE: Country
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) Charles S. Moody

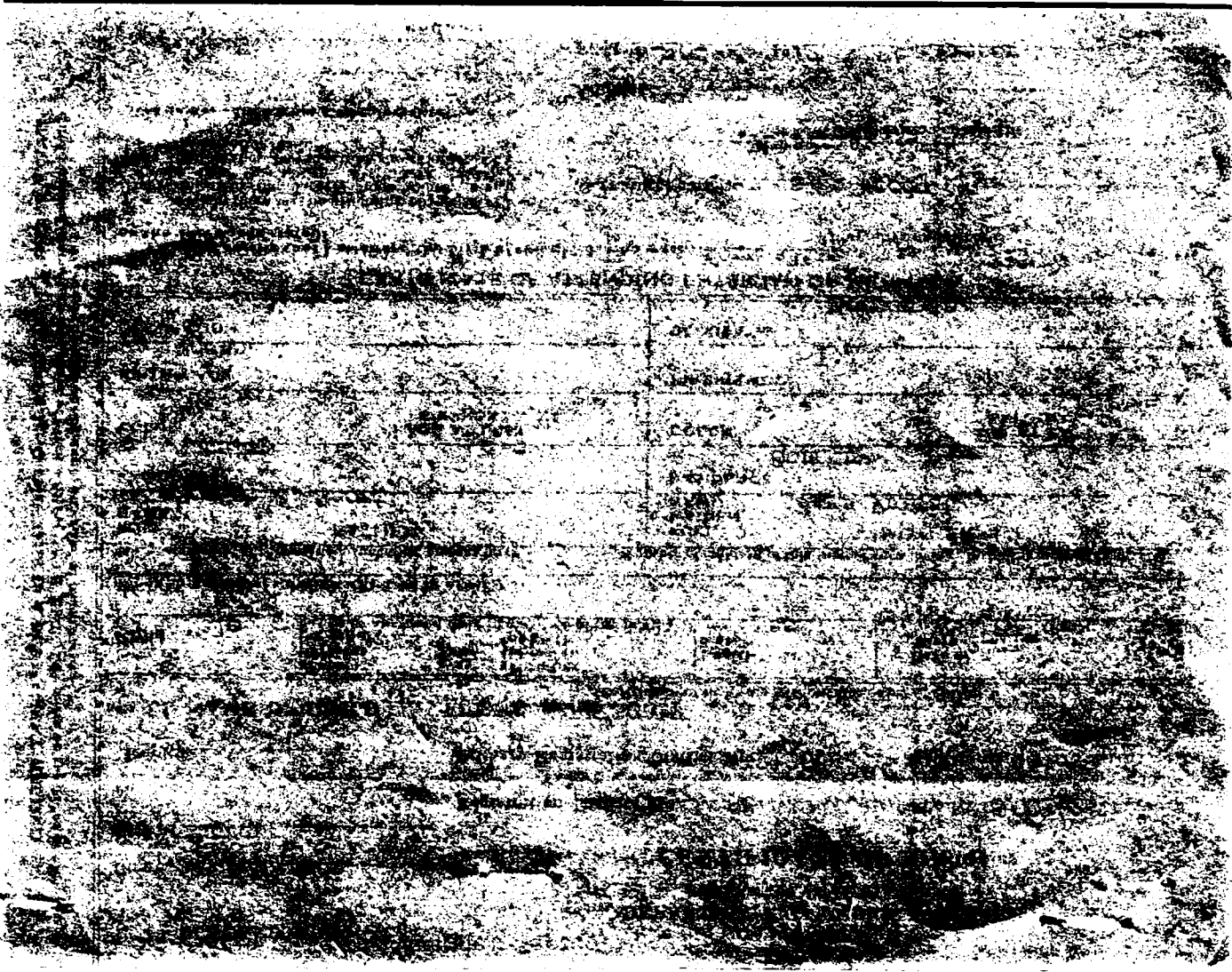
Physician (Physician or midwife)

Address Menan

Filed 1-10- 1922 Ray Fisher Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Jefferson } ss.

Certificate No. 100192

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Lennis Mark Scott (Name on Original Certificate) who was born (Was Born or Died) on February 11, 1923 (Date of Event) in Menan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by certificate of baptism (Bible Record, Insurance Policy, Etc.) prepared on July 2, 1933 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's name	Joseph A. Scott	Josiah A. Scott

Subscribed and sworn to before me this 15th day of September, 1955

Notary Public, residing at Rigby, Idaho
My commission expires 8-31-58
(Seal)

Signed Emma Priest Scott
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jefferson } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 19[illegible] Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of September, 1955

Notary Public, residing at Rigby, Ida.
My commission expires 8/31/58
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

DPH 52-155

313-109-026-236 Child's name added 3-23-89 MCM

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 9T File No. 100193

Primary Registration District No. 2176 Registered No. 125

FULL NAME OF CHILD VERN CALDWELL

Sex of Child Male | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth (Month) 2 (Day) 9 (Year) 1922

FATHER	MOTHER
FULL NAME Harper C. Caldwell	FULL MAIDEN NAME Fanny S Platt
RESIDENCE Rigby	RESIDENCE Rigby
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2400 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S Woody

(Physician or midwife)

Given names added from a supplemental report. ..... 19.....

Address .....

Registrar.

Filed 4-10 1922 Ray H Parker

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-3-89

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED BUREAU OF VITAL STATISTICS MAR 10 10 35 AM '89

State of _____ } ss.
County of _____

Certificate No. 22-100193
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Baby Boy Caldwell (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb 9, 1922 (Date of Event)

in Rigby (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Baby Boy Caldwell	Vern Caldwell

Subscribed and sworn to before me this 6th day of March, 1989.

X _____ Notary Public, Marilyn Hanford

Residing at Pocatello

My commission expires 2-92

(Seal)

X Vern Caldwell
Signature of Applicant

X 649 W. Chubbuck Rd
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

ID birth certificate for Kasey K Caldwell born June 3, 1968 state file #68-4922 shows Vern Caldwell age 42 born in Annis, ID as the father. Viewed by VS.

LDS membership record shows Vern Caldwell born Feb 9, 1922 in Annis to Harper Caldwell & Erma Scott and married Oct 22, 1954 in Pocatello to Gladys June Bledsoe. Viewed by VS.

314-207-026-667

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Annis

Registration District No. 98 File No. 100194

No. ..... St.

Primary Registration District No. 2176 Registered No. 124

Hospital .....

FULL NAME OF CHILD Zola Campbell

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate Yes | Date of Birth 2 (Month) 7 (Day) 22 (Year)

FATHER		MOTHER	
FULL NAME	Hyrum B Campbell	FULL MAIDEN NAME	Alice Fox
RESIDENCE	Annis	RESIDENCE	Annis
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B. G. (Born alive or stillborn), at 3.30 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. T. Moody

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Menan

Filed 4-10 1922 Ray H. Fisher

Registrar. Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 2 1943

231-229-026-219

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville

Registration District No. 78 File No. 100195

No. ..... St.

Primary Registration District No. 2176 Registered No. 123

Hospital .....

FULL NAME OF CHILD Zelma May Staten

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 1 (Month) 29 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Arthur Staten	FULL MAIDEN NAME	Ruby M Barney
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a (Born alive or stillborn) at 7 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas B Moody

Phys (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Menan

Filed 4-10 1922 Ray H Fisher Registrar.

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
JUN 2 - 1922
BUREAU OF VITAL
STATISTICS

Boise, Idaho, MAY [illegible] 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Terreton

File Number 10019

Street .....

Registration Dist. No. .....

County Jefferson

Sex of Child Female

Date of Birth June 29 1922

Father Arthur Clifford Staten
Full Name

Mother Ruby May Barney
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Zelma May Staten
Child's Name in Full

Mrs. Ruby Staten
Signature of Father or Mother

JUL 6 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

553.11 3.026-766

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

(6)

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

Registration District No. 76 File No. 100196

Primary Registration District No. 2176 Registered No. 122

FULL NAME OF CHILD LAWRENCE ROBERT NELSON

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	1	13	1922

FATHER

FULL NAME Oscar E Nelson

RESIDENCE Country

COLOR White AGE AT LAST BIRTHDAY 48 (Years)

BIRTHPLACE Minnesota

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Elvie E Goodwin

RESIDENCE Country

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Montana

OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:20 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar.

(Signature) Chas E Moody MD

(Physician or midwife)

Address Menan, Idaho

Filed 4-10 19 22 Ray H Fisher

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana }
County of Valley } ss.

Certificate No 100196

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lawrence Robert Nelson (Name on Original Certificate) who Born (Was Born or Died) on Jan. 13, 1922 (Date of Event)
in Near Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lawrence Robert Nelson

Subscribed and sworn to before me this
day of H. R. BJORKLUND
VALLEY COUNTY CLERK AND RECORDER
JUN 21 1942
GLASGOW, MONTANA
Notary Public, residing at
My commission expires
(Seal) Lucile Maynard Deputy

Signed Oscar E Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1121 Second Ave, Glasgow Mont.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 22 1942

MAR 25 1964

AUG 7 1968

JUN 2 4 1942

Corrected Z.J.

219-210-026-314

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

Registration District No. 78 File No. 100197

Primary Registration District No. 2176 Registered No. 121

FULL NAME OF CHILD Leta Barron

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female			Yes	1	10	22

FATHER		MOTHER	
FULL NAME	James Barron	FULL MAIDEN NAME	Pearl Campbell
RESIDENCE	Annis	RESIDENCE	Annis
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 1/2 M. on the date above stated.

(Born alive or stillborn)

(Signature) Thos D Moody

(Physician or midwife)

Address Menan Ida

Filed 4-10 1922 Ray H Fisher
Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

.....
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAY 15 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAY 8 - 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
City ....Annis....
Street .....
County ....Jefferson....

File Number .....100197.....

Registration Dist. No. ....49.....

Sex of Child.....Female.....

Date of Birth ....January 10.....192.2..

Father ....James Baron.....
Full Name

Mother ....Pearl Campbell.....
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

....Leta Baron.....
Child's Name in Full

....Mrs. Pearl Baron.....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

514-207-026-265

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

Registration District No. 48 File No. 100198

Primary Registration District No. 2176 Registered No. 120

FULL NAME OF CHILD Ina Ruth Eames

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female			Yes	1	7	1922

FATHER		MOTHER	
FULL NAME	John W Eames	FULL MAIDEN NAME	Leola Monkel
RESIDENCE	Country	RESIDENCE	Country
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Truck r	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 a M. on the date above stated.

(Born alive or stillborn)

(Signature) Ina D Moody

(Physician or midwife)

Address Menan

Filed 4-10 1922 Ray H Fisher Registrar.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 16 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Supplement Original Certificate of Birth or Death

RECEIVED
JUL 15 9 58 AM '75
VITAL STATISTICS

State of Idaho

Certificate No. 100198

County of Jefferson

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Eames (female) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 7, 1922 (Date of Event)

in Menan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Jan 10th 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Ina Ruth Eames

Subscribed and sworn to before me this 10 day of July, 1975

Erma O. Gunderson

Notary Public, residing at Menan, Idaho

My commission expires 2-1-79

(Seal)

Signed J. Wesley Eames

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of July, 1975

Erma O. Gunderson

Notary Public, residing at Menan, Idaho

My commission expires 2-1-79

(Seal)

Signed Robert W. Eames

(Signature of Any Credible Person)

Rt 1 Menan, Idaho

(Street Address, City, State)

FORM DH 60-155

CL 6/16/75

Certif of Baptism and Confirmation from the LDS Church gives name as Ina Ruth Eames Anderson daughter of John Wesley Eames and Leota Luella Konkel. Born Jan. 7, 1922 at Menan, Idaho. Was Baptized May 4, 1963 . viewed by V. S.

JUL 2 1 1975

Family Bible record gives name as Ina Ruth Eames born Jan. 7, 1922. viewed by VS

695-1-31-026-796

amend 5-13-82

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Garfield

RECEIVED 1922

Registration District No. 98 File No. 100199

No. ____ St. ____

Primary Registration District No. 2176 Registered No. 119

Hospital ____

FULL NAME OF CHILD Edward DeVere Winder

Sex of Child Male | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? yes | Date of Birth Jan 31 (Month) (Day) 1922 (Year)

FATHER

FULL NAME Nathaniel Winder

RESIDENCE Garfield

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Sevier Co Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary Crofts

RESIDENCE Garfield

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Basalt Idaho

OCCUPATION Farmer

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn), at 5-50 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Godfrey Stoddard

(Physician or midwife)

Address Rigby Idaho R Le #1

Given names added from a supplemental report. ____ 19____

Filed 4-10 1922 Ray H Frisbee

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF

DEPARTMENT OF PUBLIC WELFARE

Date: 1965

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAY 8 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record: Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number .....100199.....

Registration Dist. No. .....

Sex of Child.....Female.....

Date of Birth .....192....

Father ..... Full Name

Mother ..... Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

.....
Child's Name in Full

Returned .....
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

2-24-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

MAY 11 4 33 PM '82

State of _____ } ss.
County of _____

Certificate No. 100199
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Winder (Name on Original Certificate) who was born (Was Born, Died, etc.) on 1-31-22 (Date of Event)

in Garfield (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Edward DeVereWinder
childs sex	female	male

Subscribed and sworn to before me this 10th day of May, 1982

Notary Public, Linda M Krupp
Residing at Idaho Falls, Id
My commission expires _____
(Seal)

Edward DeVere Winder
Signature of Applicant

1016 Lovejoy Idaho Falls, Idaho 83401
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of May, 1982

Notary Public, Linda M Krupp
Residing at Idaho Falls, Idaho
My commission expires _____
(Seal)

Ms. Dana Rhoades
Supporting Signature

474 W Hilton #17 Idaho Falls, Idaho 83401
Street Address, City, State

1 cc pd

Cert of Baptism for Edward DeVere Winder born 1-31-22 in Garfield son of Nathaniel Winder and Mary E Croft was baptised 11-2-30. Viewed by V.S.

MAY 13 1982

Cert of Blessing for Elizabeth June Winder born 6-5-58 daughter of father Edward DeVere Winder and Josephine Rhoades was blessed 7-6-58. Viewed by V.S.

252-128'026-314

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 100200

Primary Registration District No. 2176 Registered No. 118

FULL NAME OF CHILD Reed C. Sessions

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Jan 28 1922

FATHER		MOTHER	
FULL NAME	A R Sessions	FULL MAIDEN NAME	Mildred Campbell
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Canada Etna	BIRTHPLACE	Bengeman Mak
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 6-10 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Godfrey Stoddard

(~~Physician~~ or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rigby Idaho R.D. 1

Filed Feb 10 1922 Ray H. Fisher

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE

DEPARTMENT OF [illegible] WELFARE

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

MAY 8 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rigby

Street: Route No. 2

County: Jefferson

File Number: 100200

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: January 28 192 2

Father: Albert R. Sessions
Full Name

Mother: Mildred Campbell Sessions
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Reed C. Sessions
Child's Name in Full

Mildred C Sessions
Signature of Father or Mother

FEB 14 1944

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

719-222-026-443

[redacted] PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Kirie

No. ..... St.

Registration District No. 98 File No. 100201

Hospital ..... Primary Registration District No. 2176 Registered No. 117

FULL NAME OF CHILD Donna Irene Park
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	Jan 22 1922

What bactericidal solution was used in eyes? [illegible]

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	[illegible]	FULL MAIDEN NAME	Theo M Dutson
RESIDENCE	Kirie Idaho	RESIDENCE	Kirie Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam T Price
Physician
(Physician or midwife)

Address Kirie Idaho

Filed 4-10 1922 Ray H Fisher
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF ... STATISTICS

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Rexie ~~#3~~
- Street: .....
- County: Jefferson

File Number: 100201

Registration Dist. No.: 2

Date of Birth: Jan. 22th 1922

Sex of Child: Female

Father: Vernal George Park
Full Name

Mother: Mary Theo Dutson
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Donna Irene Park
Child's Name in Full

Vernal G. Park
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

753-209-026-335

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 98 File No. 100202

Hospital ..... Primary Registration District No. 2176 Registered No. 116

FULL NAME OF CHILD Rayetta Peterson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	✓		✓	Yes	Feb 9 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Sal. Sol. Al Boracic

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ray Peterson	FULL MAIDEN NAME	Mary E Cleverley
RESIDENCE	Rigby Ida. R. 2.	RESIDENCE	Rigby Ida R 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Rirch Idaho

Filed 4-10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 29 1963

449-228-026-719

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St. ..... Registration District No. 98 File No. 100204

Hospital ..... Primary Registration District No. 2176 Registered No. 114

FULL NAME OF CHILD La Nona Durrant
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	✓		✓	✓	Jan 28 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Pot Pol ac Bisacic

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Jas Durrant	FULL MAIDEN NAME	Lea Park
RESIDENCE	Rigby Ida	RESIDENCE	Rigby Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Wyo	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Saint Price
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Rigby Ida

Filed 4-10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

365-209-026-219

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson
City of Rigby
No. ..... St.
Hospital .....

Registration District No. 98 File No. 100206
Primary Registration District No. 2176 Registered No. 112

FULL NAME OF CHILD Ida Mae Lovell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	✓		✓	Yes	Feb 9 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Sat. Sol. ac Bruces

Number of child of this mother, including present birth 1st Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Jas. W. Lovell	FULL MAIDEN NAME	Berth Barnard
RESIDENCE	R-2 Rigby Ida	RESIDENCE	R 2 Rigby Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam Price
Physician
(Physician or midwife)

Give names added from a supplemental report.

Address Ririe Idaho

....., 19.....

Filed 4-10 1922 Ray H Fisher
Registrar.

not named

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1923
OF VITAL
STICS

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAY 8 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City: Rigby R 2
~~Street~~: Idaho
County: Jefferson

File Number: 100206

Registration Dist. No.:

Date of Birth: Feb 9 192 2

Sex of Child: Female

Father: James William Lovell
Full Name

Mother: Bertha Barnard
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Ida May Lovell
Child's Name in Full

James W Lovell
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

452.204.026-954

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Jefferson

City of Ririe

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH 100209

Registration District No. 75 File No. .....

Primary Registration District No. 2176 Registered No. 109

FULL NAME OF CHILD Maria Agustina Debaerien
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	✓		✓	Yes	Feb 4 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Sert-Sol ac Boracic

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth one

FATHER		MOTHER	
FULL NAME	Carlos Debaerien	FULL MAIDEN NAME	Concepcion Rodriguez
RESIDENCE	Byrne Idaho	RESIDENCE	Byrne Idaho
COLOR	Mexican	COLOR	Mexican
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	75 (Years)
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Sec. Foreman R.R.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Ririe Idaho

Filed 4-10 1922 Ray H Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

385-107-026-795

PLACE OF BIRTH

County of Jefferson

City of Ruby

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100211

Registration District No. 78 File No. .....

Primary Registration District No. 2176 Registered No. 107

FULL NAME OF CHILD Bryce John Cheney

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	—	—	—	Feb 7 1922

What bactericidal solution was used in eyes? 6% Sol Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Leslie J Cheney	FULL MAIDEN NAME Carrie Truesdell
RESIDENCE	Ruby Ida	RESIDENCE Ruby Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Idaho	BIRTHPLACE Idaho
OCCUPATION	Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 7. P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) Sam A Price

Physician

(Physician or midwife)

Address Ruby Ida

Filed 4-18 1922 Ray H Fraker Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rigby

Street: R.D. "3

County: Jefferson

File Number: 100211

Registration Dist. No.:

Date of Birth: February 7 192~~2~~

Sex of Child: Male

Father: Austin John Cheney (Full Name)

Mother: Carrie Allene Pinnock Cheney (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Bryce John Cheney
Child's Name in Full

Mrs. A. J. Cheney
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

897-222-026 135

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 100212

Primary Registration District No. 2176 Registered No. 106

FULL NAME OF CHILD Marjorie Higley

(Certificate of no value without full name of child.)

Sex of Child Girl | Twin, Triplet or other? — | Number in order of birth 5 | Legitimate? Yes | Date of birth June 27 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Sol. Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Luther A Higley	FULL MAIDEN NAME	Marion Wood
RESIDENCE	Rigby Idaho	RESIDENCE	Rigby Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1130 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam T Price

Physician

(Physician or midwife)

Address Rigby Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 4-10 1922 Ray H Fraker

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-112-026-719

PLACE OF BIRTH

County of Jefferson

City of Rifle

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100215

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 103

FULL NAME OF CHILD Quintin Parley Ricks
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	✓		✓	Yes	Jan 12 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Pot Sol. Ac Boracic

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Parley N. Ricks	FULL MAIDEN NAME	Ethel Parkinson
RESIDENCE	Rifle Idaho	RESIDENCE	Rifle Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Idaho	BIRTHPLACE	Neb.
OCCUPATION	farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price
Physician Rifle Idaho
(Physician or midwife)

Address Rifle Idaho

Filed 4-10 1922 Ray H Fisher
not named
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Place of Birth — City: Price

Street: .....

County: Jefferson

File Number: 1082

Registration Dist. No. .....

Date of Birth: 12 Jan 1920

Sex of Child: Male

Father: Parley N. Ricks (Full Name)

Mother: Ethel Parkinson Ricks (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Quentin Parley Ricks (Child's Name in Full)

Ethel Ricks (Signature of Father or Mother)

been protected from danger of blindness and other infections at birth.

JUN 15 1953

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

231-210-026-942

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100216

County of Jefferson

City of Rural

No. ..... St.

Registration District No. 48 File No. .....

Hospital ..... Primary Registration District No. 7176 Registered No. 102

FULL NAME OF CHILD Mary L Bradley

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		4	Yes	Jan 10 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Jos H Bradley	Lillie Russell
RESIDENCE	Rural Idaho	Rural Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	25 (Years)	23 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam T Price

Physician or midwife

Address Rural Idaho

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 4-10-1922 Ray H Baker

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 1975

851-116-026-553

PLACE OF BIRTH

County of Jefferson

City of Roberts

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 100218

Primary Registration District No. 2176 Registered No. 100

FULL NAME OF CHILD Max Nelson Heaton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	4		4	Yes	Jan 16 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Sat Sol Ac Brakes

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Jno Chane Heaton	FULL MAIDEN NAME	Emily C Nelson
RESIDENCE	Roberts Idaho	RESIDENCE	Roberts Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rail Road Sect. Foreman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 8 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sam F Price
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Rerie Idaho

Filed 4-10 1922 Ray H Fixner
(not named)
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - - -

Birth registration is part of every child's birthright.
It establishes legally the date of the child's birth, parentage

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bingham } ss.

Certificate No. 100218
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Max Nelson Heaton (Name on original certificate) who born (Was born or died) on 16 Jan. 1922 (Date of event)
in Ririe Jefferson Co. Idaho ~~erroneous or were~~ omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on 8 June 1944 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Heaton	Max Nelson Heaton

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed Emily Nelson Heaton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Shelley, Bingham Co. Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th
day of June 1944
Notary Public, residing at Firth Idaho
My commission expires January 7 = 1944
[SEAL]

Signed Laura B Heaton
(Signature of any credible person other than the previous affiant.)
Shelley Idaho R 2
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

JUN 16 1944

414-101-026-533

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98 File No. 100221

Primary Registration District No. 2176 Registered No. 97

FULL NAME OF CHILD George Keith Madsen

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Apr 1 1922

FATHER		MOTHER	
FULL NAME	Loyal Madsen	FULL MAIDEN NAME	Eileen Ellsworth
RESIDENCE	Rigby	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	at home

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 50 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar.

(Signature) Ray H Fisher

(Physician or midwife)

Address Rigby

Filed 4-10 1922 Ray H Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF [illegible]

DEPARTMENT OF PUBL[illegible]

DECEASED

Boise, Idaho, MAY 8 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rigby

Street:

County: Jefferson

File Number: 100221

Registration Dist. No.:

Date of Birth: April 1 192 2

Sex of Child: Male

Father: Loyal M. Madsen (Full Name)

Mother: Eileen Ellsworth (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

George Keith Madsen

Child's Name in Full

Mrs. Lu M. Madsen

Signature of Father or Mother

FEB 9 1948

MAR 29 1984

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

843.20-226-157

PLACE OF BIRTH

Form V. S. No. 11—30m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of LaBelle

Registration District No. 98 File No. 100222

No. ..... St.

Primary Registration District No. 2176 Registered No. 96

Hospital .....

FULL NAME OF CHILD NORMAN ROBERT HUTCHENS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	March 20 22

	FATHER	MOTHER
FULL NAME	Wm Hutchens	FULL MAIDEN NAME Martha Ungleesy
RESIDENCE	LaBelle	LaBelle
COLOR	W	W
AGE AT LAST BIRTHDAY	31 (Years)	31 (Years)
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	At home

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2.30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar.

Address Rigby

Filed 4-28-22 Ray H Fisher Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson }

Certificate No. 100222

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Norman Robert Hutchens (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on March 20, 1922. (DATE OF EVENT)
in Labelle, Idaho. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 2, 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Norman Robert Hutchens
father's name	Wm. Hutchins	Wm. Hutchens

Subscribed and sworn to before me this 19th
day of January, 19 42.
George M. Larsen
Notary Public, residing at Menan, Idaho.
My commission expires Dec. 12, 1943
(SEAL)

Signed Arthur Hutchins
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Lorenzo Route #1. Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th
day of January, 19 42.
George M. Larsen
Notary Public, residing at Menan, Idaho.
My commission expires Dec. 12, 1943
(SEAL)

Signed Mrs Warren Shravatt
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Rigby, Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN [illegible] By
(REGISTRAR'S SIGNATURE)

795-22-026-533 Added child's name 11-18-93ms

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98

Primary Registration District No. 2176

File No. 100223

Registered No. 95

FULL NAME OF CHILD Lydia Greenwood

Sex of Child F

Twin / Triplet / or other? } and { Number in order of birth
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth March 21 1922
(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Orson Greenwood	FULL MAIDEN NAME	Lydia Ellsworth
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	At home

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19...

..... Registrar.

(Signature) Ray H Fisher

(Physician or midwife)

Address Rigby

Filed 4-[illegible]-22 Ray H Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 22 1968

11-2-93

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Cooperative Center for Health Statistics
Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS
NOV 9 4 22 PM '93

State of Idaho
County of Butte } ss.

Certificate No. 100223
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Greenwood (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 21, 1922 (Date of Event)

in Rigby (Jefferson) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed Greenwood	Lydia Greenwood

Subscribed and sworn to before me this 5th day of November, 1993.

Notary Public, [signature]
Residing at Arco, Id. 83213
My commission expires 11-18-1994
(Seal)

Lydia Greenwood Thorngren
Signature of Applicant
Route 1, Box 9 Moore, Id 83255
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public,
Residing at
My commission expires
(Seal)

Supporting Signature

Street Address, City, State

2 cc

NOV 1 8 1993

Certificate of Baptism and Confirmation from the LDS church shows Lydia Greenwood was baptized Sept. 5, 1931 viewed vs 11-2-93 ms.

Idaho State Birth Certificate for Ronald Lynn Thorngren State file #333869 filed 2-9-42 shows Lydia Greenwood as the mother viewed 11-2-93 ms.

445-113-026-135

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital Dalell

Registration District No. 95 File No. 100224

Primary Registration District No. 2176 Registered No. 94

FULL NAME OF CHILD Walker a Dunn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Feb 13 22

FATHER		MOTHER	
FULL NAME	Harry Dunn	FULL MAIDEN NAME	Helga Alexander
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	57 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	England	BIRTHPLACE	Sweden
OCCUPATION	Ranch foreman	OCCUPATION	at home

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar.

(Signature) Ray H Fisher

(Physician or midwife)

Address Rigby

Filed 4 10 19 24 Ray H Fisher
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-12-026-743

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Near Hamer

No. ..... St.

Hospital .....

Registration District No. 98 File No. 100225

Primary Registration District No. 2176 Registered No. 92

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	1/27/22

Sol. Crede

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER	MOTHER
FULL NAME: Eugene Van Bradley	FULL MAIDEN NAME: Goldie Francis Gill
RESIDENCE: Ranch near Hamer	RESIDENCE: Ranch near Hamer
COLOR: W.	COLOR: W
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Pa.	BIRTHPLACE: Ind.
OCCUPATION: Rancher	OCCUPATION: H'S 'WIF'

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.30 P.M. ..... M **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Earl D Jones

Roberts
(Physician or midwife)

Address .....

Filed 4-10 1922 Ray H Fraher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

955-229-028-168

[redacted] BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Registration District No. 30 File No. 100226

Hospital ..... Primary Registration District No. 2007 Registered No. 230

FULL NAME OF CHILD Hazel May Reed
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	5-29-1927

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	C. P. Reed	FULL MAIDEN NAME	Laura L. Johnson
RESIDENCE	Gibbs	RESIDENCE	Gibbs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Idaho
OCCUPATION	Mercantile	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Brennan
Physician
(Physician or midwife)

Address Coeur d'Alene

Filed April 6 1927 D. D. Brennan
Registrar.

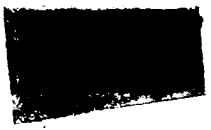
Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1942



815-2C-3:C28-255

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 1015--5th^ St.

Hospital

Registration District No. 30 File No. 100228

Primary Registration District No. 1051 Registered No. 1232

FULL NAME OF CHILD May Lamonta Hansen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	March 3rd 1922

What bactericidal solution was used in eyes? Argyrol 50%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Hans Marius Hansen	FULL MAIDEN NAME	A. Katherine Bee.
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d' Alene
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Denmark	BIRTHPLACE	Illinois
OCCUPATION	Transfer& drayage	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.55 Aa M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Alexander Barclay, M.D.
(Physician or midwife)

Address Coeur d'Alene Idaho

Filed April 6 1922 L. E. Freeman
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1922-400984

685-104-028-789

PLACE OF BIRTH

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100229

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Registration District No. 30 File No. .....

Hospital .....

Primary Registration District No. 1037 Registered No. 1283

FULL NAME OF CHILD George E. Overfoyd, Jr.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	3 4 1922

What bactericidal solution was used in eyes? Argoroll

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	George E. Overfoyd, Jr.	FULL MAIDEN NAME	Dessia M. Phillips
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Iowa	BIRTHPLACE	Mo.
OCCUPATION	Jeweler	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Coeur d'Alene

Filed April 5 1922 D D Drennan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

465-206-028-719

PLACE OF BIRTH

County of Kootenai

City of Coeur d Alene

No. 1409- 7th St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 100230

Registration District No.

Primary Registration District No. 1051

Registered No. 1234

FULL NAME OF CHILD Madeline Margaret Monaghan
(Certificate of no value without full name of child.)

Sex of Child Female

Twin Triplet or other? One and Number in order of birth One
(To be answered only in event of plural births)

Legitimate? yes

Date of birth Jan 6 (Month) (Day) 1922 (Year)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2

Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Elmer Laurence Monaghan	FULL MAIDEN NAME Virginia Louise Garrett
RESIDENCE Coeur d Alene	RESIDENCE Coeur d Alene
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Michigan	BIRTHPLACE Virginia
OCCUPATION Lumber Man	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 20 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W K Hoeden
Physician
(Physician or midwife)

Address Coeur d Alene Idaho

Filed April 5 1922 W E Drennan
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 16 1961

918-119-028-753

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. — St.

Registration District No. 30 File No. 100231

Hospital —

Primary Registration District No. 1056 Registered No. 1235

FULL NAME OF CHILD Armine Loren Raymant.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one		one	yes	Jan 19 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol.

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Earl Wellington Raymant	FULL MAIDEN NAME	Pearl Anna Pellis
RESIDENCE	Coeur d'Alene Ida.	RESIDENCE	Coeur d'Alene Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Lumber worker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician
(Physician or midwife)

Address Coeur d'Alene, Ida.

Filed 4/6 1922 L D D
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493 205 028 314 name amend 11-8-83 dl

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d Alene

No. ~ St.

Registration District No. 30 File No. 100232

Hospital ~

Primary Registration District No. 1051 Registered No. 1236

FULL NAME OF CHILD ~~Maude Miller~~ June Louisa Maud Miller
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One (To be answered only in event of plural births) and	one	yes.	Feb 5 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

	FATHER	MOTHER
FULL NAME	Chris Martin Miller	Effie Evaline Lambert
RESIDENCE	Coeur d Alene	Coeur d Alene
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	47	37
BIRTHPLACE	Wisconsin	Idaho
OCCUPATION	Ranching	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J K Holden
Physician
(Physician or midwife)

Address Coeur d Alene Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 4/6 1922 D B D
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-28-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

BUREAU OF VITAL STATISTICS
NOV 7 9 05 AM '83

State of Idaho
County of Kootenai } ss.

Certificate No. 100232
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Maude Miller (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb 5, 1922 (Date of Event)
in Coeur d'Alene (Kootenai) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Maude Miller	June Louisa Maud Miller

Subscribed and sworn to before me this 2nd day of November, 1983.
Notary Public, Sandra M. Ward
Residing at Coeur d'Alene, Idaho
My commission expires Life
(Seal)

Mae E. Clark Adams
Signature of Applicant
P.O. Box 1127 Hayden Lake Idaho 83835
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

ICC Credit

Family Bible Obviously old record lists June Louisa Maud Miller born Feb 5, 1922 to Christen Martine Miller and Effie Evelyn Miller. Viewed by V.S.

NOV 8 1983

Insurance Policy change of Beneficiary lists insured as June Louisa Maud Miller born Feb 5, 1922. Dated Jan 5, 1944. Viewed by V.S.

437-107028-432

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED APR 21 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene Ida

Registration District No. 30 File No. 100233

No. _____ St.

Primary Registration District No. 1051 Registered No. 12307

Hospital _____

FULL NAME OF CHILD William McGrow

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Mar. 7 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry F. McGrow	FULL MAIDEN NAME	Louisa McKinney
RESIDENCE	Coeur d'Alene, Idaho	RESIDENCE	Coeur d'Alene, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	W. Virginia
OCCUPATION	Labour	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9:47 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John D. Wood

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Coeur d'Alene, Ida

Filed April 6 1922 D. D. Drum

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 27 19[illegible]

168-108-028-795

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 516 1st St.

Registration District No. 30 File No. 100234

Hospital —

Primary Registration District No. 1051 Registered No. 1238

FULL NAME OF CHILD Roy Arden Johnston
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one	one	yes	Feb 8 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Mathew Sylvester Johnston	FULL MAIDEN NAME	Eva Mamie Pierce
RESIDENCE	Spokane Wash.	RESIDENCE	Spokane Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	So Dakota	BIRTHPLACE	North Dakota
OCCUPATION	Cook	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed April 6 1922 D D Drennan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 4 1948

MAR 24 1971

796-216-628-269

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai
City of Coeur d Alene
No. 310 Linden St.
Registration District No. 31
File No. 100235
Hospital
Primary Registration District No. 1057
Registered No. 1239

FULL NAME OF CHILD Marjorie Grace Grosvenor
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one	one	yes	Feb 16 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Chas Randall Grosvenor	FULL MAIDEN NAME	Ada Estell Swick
RESIDENCE	Coeur d Alene	RESIDENCE	Coeur d Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Arkansas
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden
Physician
(Physician or midwife)
Address Coeur d Alene.

Give names added from a supplemental report.

....., 19.....

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Registrar.

Filed April 6 1922 D W Dreman
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1944

354-219-028-213

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai
City of Coeur d Alene
No. ..... St.
Registration District No. 30
File No. 100236
Hospital
Primary Registration District No. 1031
Registered No. 1240

FULL NAME OF CHILD Lucile Ledford
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	3 19 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Frank Allen Ledford	FULL MAIDEN NAME [redacted] Violet Baldwin
RESIDENCE Coeur d Alene	RESIDENCE Coeur d Alene
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 20 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Ida	BIRTHPLACE Ida
OCCUPATION Laborer	OCCUPATION House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:50 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drenna
Physician
(Physician or midwife)
Address Coeur d Alene.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed April 4 1922 D D Drenna
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 4 - 1958

FEB 22 1951

793-219.028-394

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

Registration District No. 30 File No. 100237

No. ..... St.

Primary Registration District No. 1057 Registered No. 1241

Hospital .....

FULL NAME OF CHILD Margery May Gill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Febry 19 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William J. Gill	FULL MAIDEN NAME	Hattie Tinbrook
RESIDENCE	Rathdrum, Ida	RESIDENCE	Rathdrum, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Mo	BIRTHPLACE	Ark.
OCCUPATION	farmer	OCCUPATION	housewife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rathdrum Ida.

Filed April 6 1922 D D Drennan
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-120-028-296

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED APR 6 1922

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d Alene Registration District No. 30 File No. 100238

No. ____ St.

Primary Registration District No. 1051 Registered No. 1241

Hospital ____

FULL NAME OF CHILD Arthur Newton Benjamin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				Yes	Febry 20 1922

FATHER		MOTHER	
FULL NAME	Alexander Benjamin	FULL MAIDEN NAME	Florence Brown
RESIDENCE	Belmont, Idaho	RESIDENCE	Belmont, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	N. Y.	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1.30 P.M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) Frank Wang
Physician
(Physician or midwife)

Address Rathdrum Idaho.

Filed April 6 1922 D D Drenna
Registrar

293-222-028-613

PLACE OF BIRTH

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Registration District No. 30 File No. 100239

Hospital ..... Primary Registration District No. 105 1 Registered No. 1242

FULL NAME OF CHILD Hazel Esther Billman

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	3 22 1922

What bactericidal solution was used in eyes? Crygrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Gyrus Billman	FULL MAIDEN NAME	Lottie Walsky
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Missouri	BIRTHPLACE	Minn
OCCUPATION	Rancher	OCCUPATION	House wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7.55 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L D Brennan.

Physician

(Physician or midwife)

Address Coeur d'Alene

Filed April 4 1922 D D Brennan

Registrar.

Give names added from a supplemental report.

....., 19.....

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Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 18 1973

290-122-028-437

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED APR 21 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene, Idaho Registration District No. 30 File No. 100240

No. ____ St.

Primary Registration District No. 1051 Registered No. 1243

Hospital ____

FULL NAME OF CHILD Travers Francis Brophy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Feb 22 1922

FATHER		MOTHER	
FULL NAME	Thomas M. Brophy	FULL MAIDEN NAME	Mary C. McGuire
RESIDENCE	Coeur d'Alene, Ida	RESIDENCE	Coeur d'Alene, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho.	BIRTHPLACE	Washington
OCCUPATION	Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. John T. Condon

(Physician or midwife)

Address Coeur d'Alene, Idaho

Given names added from a supplemental report.

____ 19____

Registrar

Filed April 6 1922 D D Brennan

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 15 1942

DEC 17 1965

859-123-028-466

PLACE OF BIRTH

RECEIVED 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d Alene

No. [redacted] St.

Registration District No. 30 File No. 100241

Hospital Primary Registration District No. 1051 Registered No. 1244

FULL NAME OF CHILD Robert Evard Heidall
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	3 23 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ole Heidall	FULL MAIDEN NAME	Ethel Downs
RESIDENCE	Coeur d Alene	RESIDENCE	Coeur d Alene.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Wis.
OCCUPATION	Laborer.	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Brennan

Physician
(Physician or midwife)

Address Coeur d Alene. Idg

Give names added from a supplemental report.

....., 19.....

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Registrar.

Filed April 7 1922 D D Brennan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1922-305053

712-223-028-655

PLACE OF BIRTH

RECEIVED

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls,

No. ..... St.

Hospital .....

Registration District No. 30

File No. 100242

Primary Registration District No. 1057

Registered No. 1245

FULL NAME OF CHILD Loretta Fern Gaskell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Mar. (Month) 23rd (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Frank E. Gaskell	FULL MAIDEN NAME	Effie May Weeks
RESIDENCE	Post Falls	RESIDENCE	Post Falls
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	West Virginia
OCCUPATION	Lumbering	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louis H. Mast

Physician. (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Coeur d'Alene

Filed April 6 1922 D D Drennan

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-228-028-689

PLACE OF BIRTH

RECEIVED APR 21 1922

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30 File No. 100243

No. ..... St.

Primary Registration District No. 1057 Registered No. 1246

Hospital .....

FULL NAME OF CHILD Margaret Ellen Taisey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Febry (Month) 28 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Paul W. Taisey	FULL MAIDEN NAME	Irene J. White
RESIDENCE	Post Falls, Ida R1	RESIDENCE	Post Falls, Ida. R. 1.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Mont.
OCCUPATION	logger	OCCUPATION	housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rathdrum, Ida.

Filed April 6 1922 D D Dreman Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

334-212-028-319

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

Registration District No. 30 File No. 100245

No. _____ St.

Primary Registration District No. 1061 Registered No. 1248

Hospital _____

FULL NAME OF CHILD Elizabeth Rae Clumpner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
fem.		Yes	March 12 1922

FATHER		MOTHER	
FULL NAME	Ray D. Clumpner	FULL MAIDEN NAME	Marian E. Laird
RESIDENCE	Rathdrum, Ida.	RESIDENCE	Rathdrum, Ida
COLOR	white AGE AT LAST BIRTHDAY 38 (Years)	COLOR	white AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	S. Dak.
OCCUPATION	Cumberman	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Rathdrum, Ida.

Filed April 6 1922 D D Drewen
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 1 1943

569-225-028-433

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 30 File No. 100246

No. ..... St.

Primary Registration District No. 1057 Registered No. 1249

Hospital Helen

FULL NAME OF CHILD Kathryn Norman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
fem.		Yes	March 25. 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter W. Norman	FULL MAIDEN NAME	Della M. McCracken
RESIDENCE	Athol, Ida.	RESIDENCE	Athol, Ida.
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Minn.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rathdrum Ida.

Filed April 6 1922 D. D. Drennan

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 17 1964

336-124-028-212

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

No. ..... Registration District No. 126 File No. 100247

Hospital ..... Registration District No. 2204 Registered No. 36

FULL NAME OF CHILD John Charles Cloyd
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Mar 24 1922

What bactericidal solution was used in eyes? Arg. Nit.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wmford Cloyd	FULL MAIDEN NAME	Cora Baskette
RESIDENCE	Medimont Ida	RESIDENCE	Medimont Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Tenn.
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Kenney M D
(Physician or midwife)

Address Harrison Ida

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed 4-1 1922 J M Kenney
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 6 1966

415-121-028-515

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

CERTIFICATE OF BIRTH

100248

County of Kootenai

City of Rose Lake, Ida.

Registration District No. 126

File No.

No. ____ St.

Primary Registration District No. 2204

Registered No. 35

Hospital

FULL NAME OF CHILD Alvin Ray Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	March 21 1922

FATHER

FULL NAME: Benjamin Frank Davis

RESIDENCE: Rose Lake, Ida.

COLOR: white

AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Burbon County, Kansas

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Maud Ino Van Sickle

RESIDENCE:

COLOR: white

AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Moscow, Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:10 A. M. on the date above stated.

(Signature) L. J. Stauffer

Physician

(Physician or midwife)

Address

Filed April 5 1922 J. H. Tenney Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 2 1943

JUL 2 3 1943

154-216-028-259

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100249

County of Kootenai

City of Hooley Idaho Registration District No. 126 File No.

No. St.

Primary Registration District No. 2264 Registered No. 83

Hospital

FULL NAME OF CHILD Francis Lucile Andersaw.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	3 / 16 / 22

	FATHER	MOTHER
FULL NAME	Frank T. Andersaw	FULL MAIDEN NAME Ida M. Benoud
RESIDENCE	Hooley, Idaho R R No 1.	RESIDENCE Hooley. Idaho.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE Iowa.
OCCUPATION	Farmer.	OCCUPATION House-Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 7.15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) J. M. Kenney M. D.

(Physician or midwife)

Address Harrison Idaho

Filed April 1 1922 J. M. Kenney Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 18 1956

695 No. 028-24

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100250

County of Kootenai

City of Harrison

No. ..... St.

Registration District No. 126

File No. e

Hospital St Reviews

Primary Registration District No. 2204

Registered No. 34

FULL NAME OF CHILD Ruth Marguerite Bruney

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 18 1922

What bactericidal solution was used in eyes? ac Boric

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	John H Bruney	Gertrude E Bridgeman
RESIDENCE	Harrison Ida	Harrison Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	29
BIRTHPLACE	Ohio	Iowa
OCCUPATION	Physician	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Bruney

M D

(Physician or midwife)

Address Harrison Ida

Filed April 1 1922 J H Bruney Registrar.

Givenames added from a supplemental report.

....., 192....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 8 19

AUG 8 1955

736-203-028-433

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100251

County of Kootenai

City of Harrison

No. ..... St.

Registration District No. 126 File No. 6

Hospital Lakeview Primary Registration District No. 2204 Registered No. 33

FULL NAME OF CHILD Merle Claudine Glover
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Mar 3 1922

What bactericidal solution was used in eyes? A C Boric

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Chas Glover	FULL MAIDEN NAME	Florance McClure
RESIDENCE	Harrison Ida	RESIDENCE	Harrison Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Colo	BIRTHPLACE	Oreg
OCCUPATION	Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney M D
(Physician or midwife)

Address Harrison Idaho

Filed Apr 1 1922 J M Finney
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 8 1942

795-123-028214

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

100252

County of Kootenai

CERTIFICATE OF BIRTH

City of Rose Lake, Ida.

Registration District No. 126 File No. 6

No. _____ St.

Primary Registration District No. 2204 Registered No. 32

Hospital _____

FULL NAME OF CHILD Donald Louie Grende

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Feb 23 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Louis John Grende	FULL MAIDEN NAME	Lyda Opal Baughn
RESIDENCE	Rose Lake, Ida.	RESIDENCE	Rose Lake, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Fertile, Minnesota	BIRTHPLACE	Peru, Indiana
OCCUPATION	Fire-man in saw mill	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer, Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Rose Lake, Ida.

Filed April 1 1922 J. McTurney Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-12-41

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

857.116.028-331

PLACE OF BIRTH

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

100253

County of Kootenai

City of Rose Lake, Ida.

Registration District No. 126 File No. 6

No. ..... St.

Primary Registration District No. 2204 Registered No. 31

Hospital .....

FULL NAME OF CHILD ~~Baby Healey~~ Harry Lee Healey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Feb. (Month) 16 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Joseph C. Healey	FULL MAIDEN NAME	Emily Jane Clarke
RESIDENCE	Rose Lake, Ida.	RESIDENCE	Rose Lake, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	58 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Sacramento County, California	BIRTHPLACE	Whitman County, Washington
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth five Number of children of this mother now living, including present birth four.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:50 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Lake, Ida.

Filed April 1 1922 J. M. Finney
Registrar

MAY 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAY 8 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Rose Lake Ida
Street
County Kootonia

File Number 100253

Registration Dist. No.

Date of Birth Feb 16 1922

Sex of Child Male

Father Joseph Creamer Healey
Full Name

Mother Emily Jane Clarke
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Harry Lee Healey
Child's Name in Full

Mrs Joseph Healey
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

335-22
PLACE [redacted]
029-369

RECEIVED
MAY 8 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah
City of Troy
No. ____ St.
Hospital

Registration District No. 64
Primary Registration District No. 2144

File No. 100254
Registered No.

FULL NAME OF CHILD Dena Evaline Clemmer
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 21 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	James Walter Clemmer	FULL MAIDEN NAME	Lida Gladys Innit
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ill	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R S Nelson M.D.
(Physician or midwife)

Address Troy Ida

Give names added from a supplemental report.

April 30, 1922
Lucy M Packard
Registrar.

Filed April 30 1922 Lucy M Packard
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-13-029-255

PLACE OF BIRTH

RECEIVED
MAY 8 1922
VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100255

County of Latah

City of Troy

No. ____ St. ____

Registration District No. 64 File No. ____

Hospital ____ Primary Registration District No. 2144 Registered No. ____

FULL NAME OF CHILD Charles Miller

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	March 21 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Charley Miller	FULL MAIDEN NAME	Mabel Swenson
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Nelson M. D.
(Physician or midwife)

Address Troy Ida

Give names added from a supplemental report.

April 30 1922
Lucy M. Pickard
Registrar.

Filed April 30 1922 Lucy M. Pickard
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 8

384-103:029-753

PLACE OF BIRTH

RECEIVED
MAY 8 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Latah

City of Troy

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH 100256

Registration District No. 64 File No. .....

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Vernon Samuel Thunberg
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	April 3 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Claes Thunberg	FULL MAIDEN NAME	Louise Peterson
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Sweden	BIRTHPLACE	Neb.
OCCUPATION	Minister	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5.50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R G Nelson, M. D.
(Physician or midwife)

Give name added from a supplemental report.

April 30, 1922
Lucy M Pickerd
Registrar.

Address Troy Idaho

Filed April 30 1922 Lucy M Pickerd
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 7 1992

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

191-102-029-719

PLACE OF BIRTH

County of Latah

City of Troy

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 8 192
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100257

Registration District No. 64 File No. ____

Primary Registration District No. 2144 Registered No. ____

FULL NAME OF CHILD Glenn Jewel Draper
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 2 1922

What bactericidal solution was used in eyes? Silver Nitrate 2%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Ira Clinton Draper	FULL MAIDEN NAME	Clarinda Leora Parr
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Missouri	BIRTHPLACE	Iowa
OCCUPATION	Blacksmith	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 20 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Nelson, M. D.
(Physician or midwife)

Address Troy Ida

Give names added from a supplemental report.

April 30 1922
Lucy M. Packard
Registrar.

Filed April 30 1922 Lucy M. Packard
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-25-029-515

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100258

RECEIVED
MAY 6 1922
BUREAU OF VITAL STATISTICS

County of Lolah

City of Bovill — Registration District No. 66 — File No. 6

No. ____ St. — Primary Registration District No. 2146 — Registered No. ____

Hospital Bovill Hosp.

FULL NAME OF CHILD Selma Margaret Simonson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				April 15 1922

FATHER

FULL NAME Seymour Simonson

RESIDENCE Elk River

COLOR White — AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Minn

OCCUPATION Warehouse man

MOTHER

FULL MAIDEN NAME Iva Mae Van Inwegen

RESIDENCE Elk River

COLOR White — AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Pt. Jervis N. Y.

OCCUPATION House wife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) F. C. Gibson

S Simonson

(Physician or midwife)

Address Bovill Idaho

Filed 4/20 1922 Wm F. C. Gibson Registrar

S-Y CO. 24656

249-222-029466

PLACE OF BIRTH

RECEIVED MAY 6 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100260

County of Latah

City of Bovill Registration District No. 46 File No.

No. St.

Primary Registration District No. 2146 Registered No.

Hospital

FULL NAME OF CHILD Julia Elaine Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	April 22 1922

FATHER		MOTHER	
FULL NAME	Ernie Smith	FULL MAIDEN NAME	Nellie Eudora Woods
RESIDENCE	Bovill Idaho	RESIDENCE	Bovill Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6-A.M. on the date above stated.

(Signature) F. C. Gibson

Physician

(Physician or midwife)

Address Bovill Idaho

Filed May 1 1922 Mrs F.C. Gibson

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

556.108.029-556

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

County of Latah

City of Potlatch

No. 350 6th St.

Hospital

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 100261

Primary Registration District No. 2145 Registered No.

FULL NAME OF CHILD Raymond Ellsworth Newman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	~		~	yes	March 8 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl G. Newman	FULL MAIDEN NAME	Tilda Louise Newman
RESIDENCE	350 6th	RESIDENCE	Potlatch Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Wisc
OCCUPATION	Lumber Grader	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 25 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernst T Heine MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed March 10th 1922 D. J. W. Thompson Registrar

Registrar

Sol. Silver Nitr.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

587-114-029-719

PLACE OF BIRTH

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

FATHER'S BIRTHPLACE AMENDED 11/8/99 TLC

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

County of Latah

City of Add. Potlatch Ido

CERTIFICATE OF BIRTH

Registration District No. 65 File No. 100262

No. ..... St.

Primary Registration District No. 2145 Registered No. .....

Hospital .....

FULL NAME OF CHILD Henry Andrew Nygaard

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	7		2	yes.	March 14th 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Martin Nygaard	FULL MAIDEN NAME	Corinne Irene Parry
RESIDENCE	Latah Co.	RESIDENCE	Latah Co.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	~~Sweden~~ NORWAY	BIRTHPLACE	Switzerland
OCCUPATION	Lumberman	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 56 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E T Stein MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Potlatch Ido

Filed March 20th 1922 D. J. W. Thompson Registrar

~~Sol Hite of Silver~~ Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6-11-41 G. J.

4/22/99

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. #22-100262
Date Filed APRIL 21, 1922

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for HENRY ANDREW NYGAARD (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on MARCH 14, 1922 (Date of Event)

in POTLATCH, IDAHO (LATAH) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
FATHER'S BIRTHPLACE	SWEDEN	NORWAY

Subscribed and sworn to before me this 8 day of November 1999

Notary Public, Teresa L. Clemely
Residing at Boise Idaho
My commission expires April 3, 2003
(Seal)

x Henry A. Nygaard
Signature of Applicant

x 616 N. Main St Moscow Id
Street Address, City, State 83843

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, ____.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

NM

FATHER'S DEATH CERTIFICATE #70-4769 GIVES NAME AS MARTIN NYGAARD DIED OCT. 5, 1970 IN MOWCOW, IDAHO. BIRTHDATE AS MARCH 9, 19882 AND BORN IN VAKSVIK, AALESUND, NORWAY. VIEWED BY VS

SISTER'S BIRTH CERTIFICATE #17-051185 GIVES NAME AS LOUISE RACHEL NYGAARD BORN JULY 5, 1917 IN POTLTACH,IDAHO. FATHER'S NAME GIVEN AS MARTIN NYGAARD BORN IN NORWAY. VIEWED BY VS

219-107-029-168

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch Ido

No. 625 Oak St.

Registration District No. 65 File No. 100263

Primary Registration District No. 2145 Registered No.

Hospital

FULL NAME OF CHILD Reginald Guy Bardgett

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		✓	yes	March 7 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas Ed. Bardgett	FULL MAIDEN NAME	Daisy G. Johnston.
RESIDENCE	625 Oak Str	RESIDENCE	Potlatch Ido
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Otowa Can.	BIRTHPLACE	Calcutta India
OCCUPATION	Electrical Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 P.M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernst T Heini
MD
(Physician or midwife)

Given names added from a supplemental report.

19

Address Potlatch Ido

Filed March 10th 1922 Dr J W. Thompson
Registrar

Registrar

Sol. Silver Nitr.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 4/25/41. wh.

863-221-029-453

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

Registration District No. 65 File No. 10[redacted]64

No. ..... St.

Primary Registration District No. 2145 Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Rosa Holderreed~~ ROSEMARY HOLDERREED

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	\		\	yes	March 21. 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis Holderreed	FULL MAIDEN NAME	Maggie Detrich
RESIDENCE	Latah Co.	RESIDENCE	Latah Co
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Indiana	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 15 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. T. Heinz MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Potlatch Ido

Filed March 27th 1922 D. J. Thompson Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. Certificate No. 100264

County of Grays Harbor } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Rosemary Holderreed (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on 21 day of March 1922 (DATE OF EVENT) in Potlatch (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on March 21 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Rosemary Name	Rosa	Rosemary Holderreed

Subscribed and sworn to before me this 9 day of Feb, 1943

Ralph W Cox

Notary Public, residing at Oakville

My commission expires April 6 1946

(SEAL)

Signed Louis Holderreed

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Oakville Wash.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.

County of Grays Harbor }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of Feb, 1943

Ralph W Cox

Notary Public, residing at Oakville

My commission expires April 6 1946

(SEAL)

Signed Ora Dittick

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Dundee Oregon

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

FEB 1 1 1943

319-130-029-693

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah.

City of Potlatch R.D.

Registration District No. 65. File No. 100265

No. ..... St.

Primary Registration District No. 2145. Registered No. .....

Hospital .....

FULL NAME OF CHILD Laurence Henry Larson.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male.	✓		✓	yes.	March (Month) 30 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Francis Larson.	FULL MAIDEN NAME	Emily Fitch
RESIDENCE	Potlatch R.D.	RESIDENCE	Potlatch.
COLOR	White. AGE AT LAST BIRTHDAY 28. (Years)	COLOR	White. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Washington
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4. Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 00 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J.W. Thompson. M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Potlatch

Filed April 10 1922

Dr. J.W. Thompson
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 13 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-130-029-238

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Utah

City of Genesee

Registration District No. 62

File No. 100266

No. ..... St.

Primary Registration District No. 2142

Registered No. 9

Hospital .....

FULL NAME OF CHILD Leroy Dwight Garrett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	Yes	3-30-1922

FATHER		MOTHER	
FULL NAME	Dave Garrett	FULL MAIDEN NAME	Anna Schwinhorst
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. N. Ehem

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 3-30 1922 W. N. Ehem

Registrar

Registrar

JUL 1 1 1966

914-123-029-717

PLACE OF BIRTH

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Latah

City of Genesee

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

100267

Registration District No. 67 File No. .....

Primary Registration District No. 347 Registered No. 8

FULL NAME OF CHILD Melvin Wilbert Rader
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Mar 23 1922

What bactericidal solution was used in eyes? No

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	William Rader	FULL MAIDEN NAME	Marion E Gage
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Wash	BIRTHPLACE	Genesee
OCCUPATION	Butcher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Thorny MD
(Physician or midwife)

Address Genesee Idaho

Filed 3-31 1922 W. N. Ehlen
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-1-22-029-731 amended 10/29/80

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-6-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Latah

City of Genesee

Registration District No. 62

File No. 100263

No. ..... St.

Primary Registration District No. 2142

Registered No. 7

Hospital .....

FULL NAME OF CHILD Wayne Calvin Hickman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	3-22-22

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. R. Hickman	Susie Platt
RESIDENCE	Farmer	Farmer
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	52	40
BIRTHPLACE	N. C	Idaho
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3½ M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hickman

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 3-29 19 22 W. R. Hickman

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1 1995

RECEIVED
MAY 20 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC [illegible]

Boise, Idaho, MAY 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Genesee

Street: Rt. 1

County: Latah

File Number: 100268

Registration Dist. No.:

Sex of Child: ~~Female~~ Male

Date of Birth: March 22 1922

Father: William R. Nickman (Full Name)

Mother: Susie Wilma Platt (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Wayne Calvin Nickman
Child's Name in Full

Susie W. Nickman
Signature of Father or Mother

1947

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of IDAHO
County of Nez Perce } ss.

MAR 7 1 26 PM '80

Certificate No. 100268
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Wayne Calvin Hickman (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 22, 1922 (Date of Event)

in Genesee, Idaho (Latah) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
sex of child	female	Male

Subscribed and sworn to before me this 5-2 day of MARCH, 1980

Notary Public, Cora Kinzer

Residing at Lewiston

My commission expires 10/30/82

(Seal)

Wayne Hickman
Signature of Applicant

3233 6 st
Street Address, City, State

Lewiston, Ida.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ___ day of ___, 19___.

Notary Public,

Residing at

My commission expires

(Seal)

Supporting Signature

Street Address, City, State

1/31/80 1cc pd.

Marriage License and Certif from Idaho gives groom's name as Wayne Calvin Hickman and the bride's name as Betty Jean Brown. married June 20,1943. viewed by V. S.

NOV 3

Notice of separation from the US Navy gives name as Wayne C. Hickman. sex: male born March 22, 1922 at Genesee, Idaho. date of separation Oct 30, 1945. viwed By VS

485-216-929-263

Form V. S. No. 11-C—[illegible]

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Genesee

Registration District No. 62

File No. 100269

No. ..... St.

Primary Registration District No. 2142

Registered No. 6

Hospital .....

FULL NAME OF CHILD Mona Maxine Myers

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	Yes	3-16-22

FATHER		MOTHER	
FULL NAME	Jess Myers	FULL MAIDEN NAME	Hattie Bottger
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Wash	BIRTHPLACE	Idaho
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Ehlen

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 3-18 1922 W. A. Ehlen

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 6 1948

MAR 25 1948

214-215-029-213

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Idaho

City of Genesee

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 62 File No. 100270

Primary Registration District No. 2142 Registered No. 5

FULL NAME OF CHILD Eva Elaine Sams

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes	3-15-1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	E. S. Sams	FULL MAIDEN NAME	Anna Satterfield
RESIDENCE	Farm	RESIDENCE	Farm
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Tenn	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... Elaine ....., at 7 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. N. Ehlen

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 3-18 1922 W. N. Ehlen

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 16 1955

JUN 6 1947

JUN 16 1947

618-123-029-319

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah
City of Moscow
No. 720 So. Main St.
Hospital The Gatewood

Registration District No. 61 File No. 100271
Primary Registration District No. 1011 Registered No. 321

FULL NAME OF CHILD Warren Ford Farnam
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	2 - 23 - 1922

What bactericidal solution was used in eyes? Argent Nitrate 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Benton Ulysses Farnam	FULL MAIDEN NAME	Opal Blanche Larkin
RESIDENCE	Palouse, Wash.	RESIDENCE	Palouse, Wash.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Palouse, Wash	BIRTHPLACE	Colfax, Wash.
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4:40 a.m. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Chas. F. Eatmon
Physician
(Physician or midwife)
Address Moscow, Idaho.

Filed Mch 31 1922 W. H. Carruthers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 25 2018 X2

SEP 17 1941

255-205-029-112

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VI

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100272

County of Latah

City of Moscow

No. ..... St. Registration District No. 101 File No. .....

Hospital Inland Empire Primary Registration District No. 1011 Registered No. 33

FULL NAME OF CHILD Opal Neomi Severson.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes.	Mch 5 1922

What bactericidal solution was used in eyes? Ag. Noz. 1%

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Bert S Severson	FULL MAIDEN NAME	Christine Aakre
RESIDENCE	Troy Ida R.F.D.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Minn.	BIRTHPLACE	Iowa
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virg. A. McGilchrist
Physician
(Physician or midwife)

Address Moscow, Ida

Filed Mch 31 1922 M. H. Carothers
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 26 1955

817-205-029-386

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100273

County of Latah

City of Moscow

No. ..... St.

Registration District No. 61

File No. .....

Hospital Inland Empire Primary Registration District No. 1011

Registered No. 34

FULL NAME OF CHILD Virginia Viola Hagedorn
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	March 5 1922

What bactericidal solution was used in eyes? Ag. Nos. 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Edward B Hagedorn	FULL MAIDEN NAME Viola Lyon
RESIDENCE Moscow Ida R F D	RESIDENCE Moscow Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Iowa	BIRTHPLACE West Virginia
OCCUPATION Farming	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:15 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil M. Gilchrist

(Physician or midwife)

Address Moscow Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed March 31 1922 W. H. Carothers Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 9 1968

816-106-029-795

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 100274

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

County of Latah

City of Moscow

No. 720 So Main St. Registration District No. 61

Hospital The Gritman Primary Registration District No. 1011 Registered No. 35

FULL NAME OF CHILD James Wesley Hawley
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	3 - 6 - 1922

What bactericidal solution was used in eyes? Boric Acid Solution

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Freeman Douglas Hawley	FULL MAIDEN NAME	Vivian Selma Gemmels
RESIDENCE	Moscow, Idaho.	RESIDENCE	Moscow, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Washington	BIRTHPLACE	Iowa
OCCUPATION	Agent Educator	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8:30 a. M.
(Born alive ~~or stillborn~~)
on the date above stated.

(Signature) Chas. F. Gritman

Physician
(Physician or midwife)

Address Moscow, Idaho.

Filed Mch 31 1922 N.H. Gauthier
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

699-208-029-369

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 100275

County of Latah

City of Moscow

No. 710 So. Main St. Health District No. 61

Hospital The Gritman Primary Registration District No. 1011 Registered No. 36

FULL NAME OF CHILD Mary Virginia Wright

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	March 8 1922

What bactericidal solution was used in eyes? Argent Nitrate 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Thomas Meuchel Wright	Mary Edgar Torrance
RESIDENCE	Moscow, Idaho.	Moscow, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	37
BIRTHPLACE	Pennsylvania	Dayton, Wash.
OCCUPATION	Proprietor Hotel Moscow	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:37 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clifford C. Armstrong, M.D.
Physician
(Physician or midwife)

Address Moscow, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed March 8 1922 W. H. Carruthers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-689-029-515

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 19..
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100276

County of Latah
City of Moscow
No. 720 So Main St.
Hospital The Gritman

Registration District No. 101
Primary Registration District No. 1011
File No.
Registered No. 37

FULL NAME OF CHILD Gordon James Staples
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	March 9 192 2

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Gordon James Staples	FULL MAIDEN NAME	Elizabeth Dorothy VanSlyke
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Minnesota	BIRTHPLACE	Madison, Wis.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9:32 P. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman
Physician
(Physician or midwife)

Address Moscow, Idaho.

Filed March 31 1922. W. H. Carruthers
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-220-029-391

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Genessee

No. Registration District No. 61 File No. 100277

Hospital Primary Registration District No. 1011 Registered No. 38

FULL NAME OF CHILD Evelyn Williams
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth
Female		Yes	March 20, 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Silver nitrate

Number of child of this mother, including present birth: Two — Number of child of this mother now living, including present birth: Two

FATHER	MOTHER
FULL NAME: John Squire Williams	FULL MAIDEN NAME: Lonnie Craddic
RESIDENCE: Genessee, Ida	RESIDENCE: Gennessee, Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Moscow, Ida	BIRTHPLACE: Churchill, Tennessee.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 3:19 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J. Harry Einhouse M.D.

(Physician or midwife)

Address Moscow Ida.

Filed Mch 31 1922. M. Carruthers Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 15 1972

168:114:029-819

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 1 V.O. So Main St.

Hospital The Gritman

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

Registration District No. 61

Primary Registration District No. 1011

File No. 100278

Registered No. 39

FULL NAME OF CHILD ROBERT CHARLES JOHANNESEN
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	3-14-1922

What bactericidal solution was used in eyes? Boric Acid

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ole George Johannesen	FULL MAIDEN NAME	Mildred Anna Harnack
RESIDENCE	Moscow, Idaho.	RESIDENCE	Moscow, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Norway	BIRTHPLACE	Milwaukee, Wis.
OCCUPATION	Operates Cold Storage Plant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Moscow, Idaho.

Filed Mch 31 1922 W.H. Carothers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

955-228-029-869

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100279

County of Latah

City of Moscow

No. 720 So Main St.

Hospital The Gritman

Registration District No. 61

File No.

Primary Registration District No. 1011

Registered No. 40

FULL NAME OF CHILD Frances Reeve
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	3-28-1922

What bactericidal solution was used in eyes? Boric Acid -

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Vernon Walton Reeve	FULL MAIDEN NAME	Ruth Howlow
RESIDENCE	Orofino, Idaho.	RESIDENCE	Orofino, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Minnesota	BIRTHPLACE	Idaho.
OCCUPATION	Farming -	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10:10 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman
Physician
(Physician or midwife)

Address Moscow Idaho

Give names added from a supplemental report.

....., 19....

Registrar.

Filed Mch 31 1922 N H Carothers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 1969

24
FEB 23 1943

556-228-029-437

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
APR 2 - 1922
BUREAU OF VITAL STATISTICS

File No. 100280

County of Latah

City of Moscow

No. ..... St.

Hospital Inland Empire

Registration District No. 61

Primary Registration District No. 1011

Registered No. 42

FULL NAME OF CHILD Marilyn Maxine Newton
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes	March 28 1922

What bacteriolidal solution was used in eyes? Arg. Nos. 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Robert Dean Newton	FULL MAIDEN NAME	Mary Dorthie McGregor
RESIDENCE	Kendrick Ida	RESIDENCE	Kendrick Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28
BIRTHPLACE	Farley Iowa	BIRTHPLACE	Janesville Wisconsin
OCCUPATION	Druggist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:10 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. H. Carruthers M.D.
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed March 31 1922 M. H. Carruthers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

Boise, Idaho, MAY 8 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Moscow

Street: .....

County: Latah

File Number: 100280

Registration Dist. No. .....

Date of Birth: Mar - 28 1922

Sex of Child: Female

Father: Robert Dean Newton (Full Name)

Mother: Mary Dunkle Mc (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Marilyn Maxine Newton (Child's Name in Full)

R D Newton (Signature of Father or Mother)

D FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com-

Gregor

to furnish certified copies of certificates of birth, it is im-
t that the certificates be filed with the BUREAU OF VITAL STATIS-
nd the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

696-207-029-419

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Registration District No. 61 File No. 100281

Hospital ..... Primary Registration District No. 1011 Registered No. 43

FULL NAME OF CHILD ~~[illegible]~~ Eunice Frost
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Feb. 7 1922

What bactericidal solution was used in eyes? Nit Silver

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	I. L. Frost	FULL MAIDEN NAME	Vyla Dailey
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	vocation Student	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 10 - a - M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. U. Clarke
(Physician or ~~midwife~~)

Give names added from a supplemental report.

....., 19.....

Registrar.

Address .....

Filed Mch 31 1922 M H Carithers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

One copy 10/29/40 L.B.

243.210-029-231

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAR 31 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah
City of Moscow
No. ..... St.
Hospital

Registration District No. 61
Primary Registration District No. 1011

File No. 100282
Registered No. 45

FULL NAME OF CHILD Alma M. Butler
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	March 10 1922

What bactericidal solution was used in eyes? Silver nit

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	C. A. Butler	FULL MAIDEN NAME	Mary M. Slater
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Laborer	OCCUPATION	Home wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 4-9- M. (Born alive or ~~stillborn~~) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. U. Clark
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed March 31 1922 M. H. Carothers Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 26 1953

615.125-029-485

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah — RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

City of Moscow

No. ..... St.

Registration District No. 61 — File No. 100284

Hospital ..... Primary Registration District No. 1011 — Registered No. 47

FULL NAME OF CHILD ~~John G.~~ Favill, Charles Allen

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	March 25 1922

What bactericidal solution was used in eyes? Silver nit

Number of child of this mother, including present birth 1 — Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	C. A. Favills	FULL MAIDEN NAME	Enola Dyer
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Minn	BIRTHPLACE	Idaho
OCCUPATION	Auto Mechanic	OCCUPATION	Home wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11-P- ..... M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. U. Clarke

(Physician or ~~midwife~~)

Address .....

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed March 31 1922 M. H. Carruthers Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTM... WELFARE

BUREAU OF VITAL STATISTICS

Boise, Idaho, MAY 8 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Moscow; Street: 203 E. First St.; County: Latah

File Number: 100284

Registration Dist. No.:

Date of Birth: March 25 1922.

Sex of Child: Male

Father: Charles Averil Favill (Full Name)

Mother: Eula Valdar Dyer (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Charlie Allen Favill
Child's Name in Full

Mrs. Eula Favill
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

261-116-029-944

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

County of Latah

City of Moscow

No. 814 S Jefferson St. Registration District No. 6a File No. 100285

Hospital Primary Registration District No. 1011 Registered No. 48

FULL NAME OF CHILD Melvin Gordon Swan
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 16 1922

What bactericidal solution was used in eyes? Argyrol 25%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Edward Franklin Swan	FULL MAIDEN NAME Blanch Lilla Gemmell
RESIDENCE	814 S Jefferson St Moscow Ida.	RESIDENCE Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	20
BIRTHPLACE	Washington	Idaho
OCCUPATION	Vocational Student	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Virgil M. Gilchrist
Physician
(Physician or midwife)

Address Moscow, Ida. Co.

Filed Mch 31 1922 W. H. Carothers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-22-29-962

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

BUREAU OF VITAL STATISTICS

County of Latah
City of Moscow
No. 6 Kenneth St.
Hospital
Registration District No. 61
Primary Registration District No. 1011
File No. 100286
Registered No. 49

FULL NAME OF CHILD Gladys Caroline Anderson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Mar. 17 1922

What bactericidal solution was used in eyes? Argyrol 25%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 6

	FATHER	MOTHER
FULL NAME	Elmer Earl Anderson	Lulu May Robbins
RESIDENCE	Moscow Ida.	Same
COLOR	White	White
AGE AT LAST BIRTHDAY	38 (Years)	32 (Years)
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Virgil W. Blehart
Physician
(Physician or midwife)

Address Moscow Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Mch 31 1922 W. H. Carothers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CUL 2 1 1942

419-128-029-366

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Garfield Wash

No. R 740 St.

Registration District No. 61

File No. 100287

Hospital

Primary Registration District No. 2141

Registered No.

FULL NAME OF CHILD Gerald E Martin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Mch 28 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Floyd Elsworth Martin	FULL MAIDEN NAME	Lora Ellen Powell
RESIDENCE	Latah Co Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Missouri	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. E. Wiesel
Physician
(Physician or midwife)

Give names added from a supplemental report.

Address Garfield Wash

, 19

Filed Mch 31 1922 W H Carthers
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, MAY 8 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Garfield, Wash.
Street: R. F. D. I
County: Latah County, Ida.

File Number: 100287

Registration Dist. No.: Cora Precinct

Date of Birth: March 28 192 2

Sex of Child: Male

Father: Floyd Ellsworth Martin (Full Name)

Mother: Lora Ellen Powell (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Gerald E. Martin
Child's Name in Full

Lora Ellen Martin
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

2961 [illegible] 029-254

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1922

CERTIFICATE OF BIRTH

BUREAU OF VITAL STATISTICS

Registration District No. 61 File No. 100288

Primary Registration District No. 2141 Registered No. 44

FULL NAME OF CHILD Earl M Braemling

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	March 10 1922

What bactericidal solution was used in eyes? Silver Nit

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	R J. Braemling	Christena Knuppe
RESIDENCE	Moscow	Moscow
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	25	2[illegible]
BIRTHPLACE	Idaho	Wash
OCCUPATION	Farmer	Home [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... (Born alive or ~~stillborn~~) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Clarke

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Mch 31 1922 M H Carruthers

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

34-124-029-369

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. R F D St.

BUREAU OF VITAL STATISTICS

Registration District No. 61 File No. 100289

Hospital

Primary Registration District No. 3111 Registered No. 50

FULL NAME OF CHILD Charles Clifford Cummings
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Mar. 24 1922

What bactericidal solution was used in eyes? Argyrol 25%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Orval Chas. Cummings	Fae Vega Corum
RESIDENCE	Moscow, Ida - R F D	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	20
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Virgil M. Gilchrist
Physician
(Physician or midwife)

Address Moscow Ida.

Filed Mch 31 1922 M H Carothers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1

STATE OF

Boise, Idaho, MAY 8 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Moscow; Street: R F D 2; County: Latah

File Number: 100289

Registration Dist. No.: 51

Sex of Child: Male

Date of Birth: March 24 1922

Father: Orval Charles Cummings (Full Name)

Mother: Vera Fae Corrin (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Charles Clifford Cummings
Child's Name in Full

Joseph E Corrin
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

394-126-029-469 ~~Corrected Birth report~~

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Princeton

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

Registration District No. 65 File No. 100290

No.

Primary Registration District No. 2145 Registered No.

Hospital

FULL NAME OF CHILD Harold Monroe Crumley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male				yes	Feb. (Month) 26 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Samuel Monroe Crumley	FULL MAIDEN NAME	Gertrude Leona Morrow
RESIDENCE	Latah Co	RESIDENCE	Latah Co
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ido	BIRTHPLACE	Mo.
OCCUPATION	farmer	OCCUPATION	House wife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. T. Henry MD

(Physician or midwife)

Given names added from a supplemental report.

19

Address Potlatch Ido.

Filed March 20th 1922 Dr J. W. Thompson

Registrar Registrar

~~Please file as a completed record (original sent in about March 22d - 1922)~~

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1972

632-115-029-812

PLACE OF BIRTH

RECEIVED
MAY 3 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100291

County of Latah

City of Avon

Registration District No. 2147

File No. 6

No. ..... St.

Primary Registration District No. 67

Registered No. 44

Hospital .....

FULL NAME OF CHILD Leonard Alfred Olson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		2	Yes	2-15-22

	FATHER	MOTHER
FULL NAME	Melvin Olson	Ida Johanson
RESIDENCE	Avon R. 1.	Avon R. 1
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	33	28
BIRTHPLACE	Wisc.	Ida.
OCCUPATION	Farmer	H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust
Physician
(Physician or midwife)

Address Deary

Given names added from a supplemental report 2-19-22

P. C. Faust
Registrar

Filed 2-19-22

P. C. Faust
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WORKS

RECEIVED
MAY 8 1922
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAY 8 1922 192

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Clarkston

File Number: 100291

Street:

Registration Dist. No.: 67

County: Latah

Sex of Child: Male

Date of Birth: Feb 15 192 2

Father: Melvin Olson
Full Name

Mother: Ida Olson
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Leonard Alfred Olson
Child's Name in Full

Mrs. Melvin Olson
Signature of Father or Mother

APR 27 1942 AUG 26 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

652-227-029-815

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 3 1922
BUREAU OF VITAL STATISTICS

County of Latah

CERTIFICATE OF BIRTH

100292

City of Deary

Registration District No. 2147 File No. 6

No. ..... St.

Primary Registration District No. 67 Registered No. 45

Hospital

FULL NAME OF CHILD Frances Ingeborg Westby

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	yes	2 (Month) - 27 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thos. B. Westby	FULL MAIDEN NAME	Johanna Jennie Hanson
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Norway	BIRTHPLACE	Minn.
OCCUPATION	Painter	OCCUPATION	H.W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

Physician (Physician or midwife)

Given names added from a supplemental report.

3-1 1922

Address Deary

P. C. Faust
Registrar

Filed 3-1 1922 P. C. Faust
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

623-113-029-177

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED MAY 3 1922 BUREAU OF VITAL STATISTICS

100293

County of Latah

City of Troy R. 2

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 2147 File No. 6

Primary Registration District No. 67 Registered No. 46

FULL NAME OF CHILD RUSSELL RAYNARD OSTERBERG

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	yes	3 (Month) 13 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oscar Osterberg	FULL MAIDEN NAME	Minnie Applequist
RESIDENCE	Troy R. 2.	RESIDENCE	Troy R. 2. Applequist
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Minn	BIRTHPLACE	Ida.
OCCUPATION	farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

physician (Physician or midwife)

Given names added from a supplemental report.

3/17 1922

Address Deary

P. C. Faust Registrar

Filed 3/17 1922 P. C. Faust Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Latah }

Certificate No. 100295
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)

for ..... (Name on original certificate) who ..... (Was born or died) on ..... (Date of event)

in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Osterberg	Russell Raynard Osterberg

Subscribed and sworn to before me this 30th day of Jan., 1943

[illegible]
Notary Public, residing at Kendrick, Idaho.

My commission expires Jan. 31st, 1944
[SEAL]

Signed Ina Minnie Osterberg
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Deary, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....

My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant.)

.....
(Street Address, City, State)

Received for filing on FEB 2 1943 By .....
(Registrar's signature)

FEB 3 1948

742-113-029-964

RECEIVED
MAY 3 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Latah

CERTIFICATE OF BIRTH

100294

City of Helmer

Registration District No. 2147 File No. 6

No. ..... St.

Primary Registration District No. 67 Registered No. 47

Hospital .....

FULL NAME OF CHILD Richard Don Gustin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	yes	3/13 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clay Gustin	FULL MAIDEN NAME	Hazel Roderick
RESIDENCE	Helmer	RESIDENCE	Helmer
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Ida.	BIRTHPLACE	Ida.
OCCUPATION	woodsman	OCCUPATION	HW

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Faust

Physician
(Physician or midwife)

Given names added from a supplemental report.

3/17 1922 Address Deary

R. C. Faust
Registrar

Filed 3/17 1922 R. C. Faust
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

245-123-029-813

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 3 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100295

County of Latah

City of Deary P.O.

Registration District No. 2147 File No. 6

No. ..... St.

Primary Registration District No. 67 Registered No. 48

Hospital .....

FULL NAME OF CHILD Bert Harold Sundstrom

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	V		2	yes.	3/23 1922

	FATHER	MOTHER
FULL NAME	Herning Sundstrom	Elvera Valen
RESIDENCE	Deary P.O.	Deary P.O.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	33	30
BIRTHPLACE	Sweden	Ida.
OCCUPATION	Farmer	H.W.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Faust
Physician
(Physician or midwife)

Address Deary

Given names added from a supplemental report 3/27 1922
R. C. Faust
Registrar

Filed 3/27 1922 R. C. Faust
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEPARTMENT OF PUBLIC

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
MAY 17 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, MAY 8 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
City: Berry
Street:
County: Latah

File Number: 100295

Registration Dist. No.: 67

Sex of Child: Male

Date of Birth: March 23 1922

Father: Henning Sundstrom
Full Name

Mother: Elvera Halen
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Bert Harold Sundstrom
Child's Name in Full

Mrs Henning Sundstrom
Signature of Father or Mother

FEB 26 1962

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

165-223-029342

RECEIVED
MAY 3 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100296

County of Latah

City of Avon

Registration District No. 2147 File No. 6

No. ..... St.

Primary Registration District No. 67 Registered No. 49

Hospital .....

FULL NAME OF CHILD Phyllis Irene Jones

Sex of Child F. | Twin Triplet or other? (To be answered only in event of plural births) | Number in order of birth 2 | Legitimate? Yes | Date of Birth 3/23 (Month) (Day) 1922 (Year)

FATHER

FULL NAME O. A. Jones

RESIDENCE Avon R. 1

COLOR W. AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Ohio.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Fanny Cushing

RESIDENCE Avon R. 1.

COLOR W. AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Wis.

OCCUPATION H.W.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:40 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

Physician

(Physician or midwife)

Given names added from a supplemental report. .....

Address Deary

3/27 1922 P. C. Faust

Registrar

Filed 3/27 1922 P. C. Faust

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 13 1944

312-129-029-266

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Latah

RECEIVED
MAY 3 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100297

City of Deary R.1

Registration District No. 2147 File No. 6

No. ..... St.

Primary Registration District No. 67 Registered No. 50

Hospital .....

FULL NAME OF CHILD Laren Hollis La Bolle

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	Yes	3/29 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	S. Aubrey La Bolle	FULL MAIDEN NAME	Ada Bower
RESIDENCE	Deary R.1	RESIDENCE	Deary R.1
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Ida.
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:07 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Faust

Physician (Physician or midwife)

Given names added from a supplemental report.

3/30 1922 Address Deary

R. C. Faust Registrar

Filed 3/30 1922 R. C. Faust Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

132-28-029-437

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 3 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100298

County of Latah

City of Deary R. Registration District No. 2147 File No.

No. St.

Primary Registration District No. 67 Registered No. 37

Hospital

FULL NAME OF CHILD Bertha Elizabeth Alber

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			2	Yes	4-18-22

	FATHER	MOTHER
FULL NAME	Jacob Alber	FULL MAIDEN NAME Bertha McGraw
RESIDENCE	Deary R.1.	RESIDENCE Deary R.1
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years) 39
BIRTHPLACE	Mo.	BIRTHPLACE Ill.
OCCUPATION	Farmer	OCCUPATION H.W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Normal (Born alive or stillborn), at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. G. Faust
Physician
(Physician or midwife)

Given names added from a supplemental report.

4-20 1922

P. G. Faust
Registrar

Address Deary

Filed 4-20 1922 P. G. Faust
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SOIL 2 3 19

654-215-029-632

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED MAY 3 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100299

County of Latah

City of Deary R.1

Registration District No. 2147 File No. 6

No. ..... St.

Primary Registration District No. 67 Registered No. 52

Hospital .....

FULL NAME OF CHILD Daisy Thelma Femreite (M)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	yes.	4-15 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Femreite	FULL MAIDEN NAME	Laura Olson
RESIDENCE	Deary R.1.	RESIDENCE	Deary R.1.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Iowa.
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:00 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry Femreite

father (Physician or midwife)

Given names added from a supplemental report.

4-22 1922 Address Deary R.1.

R.C. Faust Registrar

Filed 4-22 1922 R.C. Faust Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

15-K-221-029-622

RECEIVED
MAY 3 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100300

County of Latah

City of Deary

Registration District No. 2147 File No. 6

No. ..... St.

Primary Registration District No. 67 Registered No. 53

Hospital .....

FULL NAME OF CHILD Verla Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	—	4	yes.	Apr. 21 1922.

FATHER	MOTHER
FULL NAME Bennett Anderson	FULL MAIDEN NAME Dora Osborn
RESIDENCE Deary R. 1.	RESIDENCE Deary R. 1.
COLOR W.	COLOR W.
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Ida.	BIRTHPLACE Minn.
OCCUPATION Farmer	OCCUPATION H. W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust
Physician
(Physician or midwife)

Address Deary

Given names added from a supplemental report.

4-24 1922
P. C. Faust
Registrar

Filed 4-24 1922 P. C. Faust
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAY 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAY 8 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pearl

Street:

County: Latah

File Number: 100300

Registration Dist. No.: 76

Sex of Child: Female

Date of Birth: April 21 1922

Father: Carl Bennett Anderson (Full Name) Mother: Dora Osborn (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Verla Anderson
Child's Name in Full

Carl Bennett Anderson
Signature of Father or Mother

JAN 19 1965

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

255-105-029-795

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 4 1922
BUREAU OF VITAL STATISTICS

County of Latah

City of Juliaetta

No. ..... St. .....

CERTIFICATE OF BIRTH 100301

Registration District No. 68 File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Richard Verlin Benjamin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes	March 5 1922

What bactericidal solution was used in eyes? Silver nitrate 1% sol.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Geo. W. Benjamin	FULL MAIDEN NAME	Jessie M. Pressnall
RESIDENCE	Juliaetta	RESIDENCE	Juliaetta
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Minister of the Gospel	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3.55 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Andrew Otteraan
Physician
(Physician or midwife)

Address Kendrick Idaho

Filed Mar. 15 1922 R. F. Repple
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 27 1971

[redacted]

SEP 17 19[illegible]

DECEASED

585-113-029-552

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Latah

City of Juliaetta

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100302

Registration District No. 68 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Walter Lee Myer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Mar. 13 22

FATHER		MOTHER	
FULL NAME	Samuel L Myer	FULL MAIDEN NAME	Marci Meadows
RESIDENCE	Juliaetta	RESIDENCE	Juliaetta
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Wash.	BIRTHPLACE	Va.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) W. T. Seeley M.D.

Physician

(Physician or midwife)

Address Leland, Idaho

Filed Mar. 25 1922 R. F. Appler

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

698-223-029-698

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100303

County of Latah

City of Linden

No. ____ St. ____ Registration District No. 68 File No. ____

Hospital Home Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Lola Mary Fry
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	3-23-1922

What bactericidal solution was used in eyes? Silver Nitrate 1% sol.

Number of child of this mother, including present birth ____ Number of child of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Charles Henry Fray	FULL MAIDEN NAME	Frances Katherine Fry
RESIDENCE	Linden, Idaho	RESIDENCE	Linden Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Chico, Calif.	BIRTHPLACE	Atwood Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4.45 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Andrew Otteraaen
Physician
(Physician or midwife)
Address Kendrick, Idaho.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed Apr. 10 1922 R. F. Pepper
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-113-030-219

[redacted] OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

County of Lemhi

City of Salmon

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100304

Registration District No. 41 File No.

No. St.

Primary Registration District No. 2116 Registered No.

Hospital

FULL NAME OF CHILD Claude Henry Benson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	3-13-1922

FATHER	MOTHER
FULL NAME Henry Mills Benson	FULL MAIDEN NAME Ruth Pinella Barrows
RESIDENCE Leadon, Ida	RESIDENCE Leadon, Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Rancher	OCCUPATION Housework

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.45 P. M. on the date above stated.

(Signature) C. P. Stratton, M.D.

(Physician or midwife)

Address Salmon, Ida

Filed April 15 1922 Chas Bellamy Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

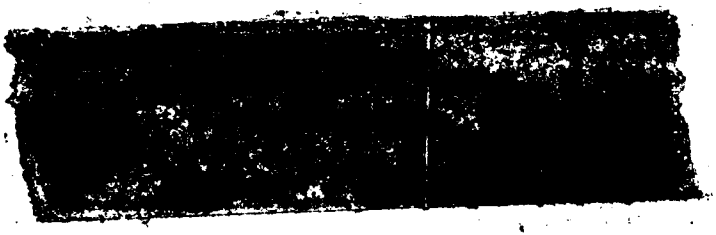
..... Registrar

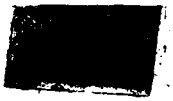
S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





AUG 2 5 1989

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

216-030-851

PLACE OF BIRTH

Form V. S. No. 1[illegible]C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 192[illegible]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100305

County of Lemhi

City of Salmon

Registration District No. [illegible]

No. _____ St.

Primary Registration District No. 2116 Registered No. _____

Hospital _____

FULL NAME OF CHILD Mary Margaret Quarles

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 2-16-1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ralph P Quarles	FULL MAIDEN NAME	Mary Margaret Yearian
RESIDENCE	Salmon, Ida	RESIDENCE	Salmon, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Stenographer	OCCUPATION	School teacher

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 9:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. Stratton, M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Salmon, Ida

Filed April 10 1922 Clio Bellamy

Registrar

S-Y-CO 38071

791-114-030-119

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

County of Lemhi

City of Salmon

Registration District No. 41

File No. 100306

No. ..... St.

Primary Registration District No. 2116

Registered No. .....

Hospital .....

FULL NAME OF CHILD John Franklin Gray

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	March (Month) 14th (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	David M. Gray	FULL MAIDEN NAME	Anna Jarichown
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S B Wright MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Salmon

Filed April 1922

Clio Bellamy
Registrar

abep

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/17/41 L. B.

RECEIVED
MAY 1922
VITAL
100

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAY 8 - 1922

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City ..... Salmon

Street ..... St. Charles

County ..... Lemhi Co.

File Number 100306

Registration Dist. No. .....

Sex of Child..... Male .....

Date of Birth .....192....

Father ..... David M. Gray .....
Full Name

Mother ..... Miss Emma Jacobs .....
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

..... John Franklyn Gray .....
Child's Name in Full

..... Mrs Emma Gray .....
Signature of Father or Mother

AUG 5 1946

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

415-202-030-719

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 100307

Primary Registration District No. 216 Registered No. .....

FULL NAME OF CHILD Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	4-2-22

FATHER		MOTHER	
FULL NAME	Robert Ray Davis	FULL MAIDEN NAME	Emma Parsons
RESIDENCE	Salmon, Ida	RESIDENCE	Salmon, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live alive (Born alive or Stillborn) at 5:30 P. M. on the date above stated.

(Signature) C. C. Stratton, MD

(Physician or midwife)

Address Salmon Ida

Filed April 10 1922

Chas Bellomy
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAY 9 - 1922 192...

RECEIVED MAY 10 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City .....

Street .....

County .....

File Number 100307

Registration Dist. No. .....

Sex of Child Female

Date of Birth .....192....

Father ..... (Full Name)

Mother ..... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Our baby lived only one hour and was given no

(Child's Name in Full)

me other than Baby Davis

Mrs. Robert P. Davis

(Signature of Father or Mother)

JUL 28 1965

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-130-030-175

Form V. S. No. 11-C—25m-9-8-27

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 41 File No. 100308

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Floyd Dwaine Harris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m.		Yes	Mar 30 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Allen Harris	FULL MAIDEN NAME	Minnie Agee
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	N. Y.	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F Hammer

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Salmon

..... Registrar

Filed Apr 10 1922 Chas E. Bellamy Registrar

abp

DEPARTMENT OF CLERKS

BUREAU OF VITAL STATISTICS

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Lubrecht
- Street: .....
- County: Lemhi

File Number: 100308

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: March 30 1922

Father: Mr. Frank A. Harris (Full Name)

Mother: Minnie Lee Agee (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Floyd Duane Harris
Child's Name in Full

Mrs. Frank Harris
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

799-125-030-133

PLACE OF BIRTH

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-27

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Registration District No. 41 File No. 100309

Primary Registration District No. 2116 Registered No. .....

FULL NAME OF CHILD Lory Neil Priestley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m.		Yes	Mar 25 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl Priestley	FULL MAIDEN NAME	Emily Allen
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Ranch hand	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Ken alive (Born alive or stillborn), at 8 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F Hammer

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Salmon Idaho

Filed April 10 1922 Cleo Bellamy

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 194

[illegible] DATE OF BIRTH S[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Salmon

Street: .....

County: Lemhi

File Number: 100309

Registration Dist. No. .....

Date of Birth: March 25 1922.

Sex of Child: Male

Father: Wm. Carl Priestley (Full Name)

Mother: Emily Allen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Loy Neil Priestley (Child's Name in Full)

Mrs. Emily Priestley (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

355-208-030-859

Form V. S. No. 11-C—25m-8-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

County of Lewis

City of Salmon

No. ..... St.

Registration District No. 41

File No. 100310

Primary Registration District No. 2116

Registered No. .....

Hospital .....

FULL NAME OF CHILD Leetia Navajo Lee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	March 8 1922

FATHER		MOTHER	
FULL NAME	Wilson Scott Lee	FULL MAIDEN NAME	Jennie Hrabenek
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	AGE AT LAST BIRTHDAY 54 (Years)	COLOR White	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho
OCCUPATION	Laborer (Common)	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Chas. F. Hamner

(Physician or midwife)

Address Salmon Idaho

Filed April 10 1922 Chas. C. Bellamy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-24-03-356

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 4 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 100311

County of Lewis

City of Craigmont, RFD. No. ____ St. ____

Registration District No. 50

Primary Registration District No. 2129

Hospital ____

Registered No. 9

FULL NAME OF CHILD Neoma Loretta Larrick
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	Yes	April 14 1922.

What bactericidal solution was used in eyes? Agno3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Paul R. Larrick	FULL MAIDEN NAME: Irene Marie Lewis
RESIDENCE: Craigmont, RFD.	RESIDENCE: Craigmont, RFD.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Kansas
OCCUPATION: Rancher	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. E. Dunlap M.D.
(Physician or midwife)

Address Craigmont, Idaho.

Filed 4/15 1922. P. E. Dunlap
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

RECEIVED MAY 12 BUREAU

IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAY 8 - 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Craigmont

Street: .....

County: Lewis

File Number: 100311

Registration Dist. No.: .....

Sex of Child: Female

Date of Birth: April 14 1922

Father: Paul Richard Larrick (Full Name)

Mother: Irene Marie Lewis (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Neoma Loretta Larrick
Child's Name in Full

Mrs. Paul R. Larrick
Signature of Father or Mother

K

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

168-21-2436

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Lemhi

CERTIFICATE OF BIRTH

City of Kamiah

Registration District No. ____ File No. 100312

No. ____ St.

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Violet Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	2 / 19 / 1922

FATHER	MOTHER
FULL NAME Francis Johnson	FULL MAIDEN NAME Ella M. Larsen
RESIDENCE Kamiah	RESIDENCE Kamiah
COLOR Indian	COLOR Indian
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 a. m. on the date above stated.

(Signature) C. H. Bryan M.D.

(Physician or midwife)

Address Kamiah

Filed 4/8 1922

C. J. Johnson
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19 ____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1922-10402/

718-119-03-816

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

Registration District No. 49

File No. 100313

No. ____ St.

Primary Registration District No. 49

Registered No. ____

Hospital ____

FULL NAME OF CHILD Harvey Lee Payton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				No	2 19 1922

FATHER		MOTHER	
FULL NAME	Can not obtain	FULL MAIDEN NAME	Ida Hawkins
RESIDENCE		RESIDENCE	Kamiah
COLOR		COLOR	white
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE		BIRTHPLACE	Idaho
OCCUPATION		OCCUPATION	____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 30 A. M. on the date above stated.

(Signature) C. A. Bryan M D

(Physician or midwife)

Address Kamiah Idaho

Filed 4/8 19 22

E. J. Johnson
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

265 203-03-238 amend 8-13-82

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of [illegible]

No. Route 3 St.

Registration District No. 47 File No. 100315

Primary Registration District No. Registered No. 171

Hospital

FULL NAME OF CHILD Josephine Magdaline Koepl

Sex of Child Female | Twin Triplet or other? | and | Number in order of birth 2 | Legitimate? Yes | Date of Birth March 2 (Month) (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME John Koepl	FULL MAIDEN NAME Emma Schlader
RESIDENCE Nezperce	RESIDENCE Nezperce
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or midwife)

Address

Given names added from a supplemental report.

19

Albert Hoff Registrar

Filed 4-6 1922 Albert Hoff Registrar

S-Y-CO 38071

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
APR 22 12 53 PM '80

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 100315

Date Filed April 21, 1922

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Josaphine Magdaline Koepl (Name on Original Certificate) who was born (Was Born or Died) on March 3, 1922 (Date of Event)
in Nezperce, ID (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	March 3, 1922	March 2, 1922
Child's name	Josaphine Magdaline Koepl	Josephine Magdaline Koepl
Mother's maiden name	Emma Jones	Emma Schlader
Father's age	27	26

Subscribed and sworn to before me this 15th day of April, 1980

Edna Krebs

Notary Public, residing at Craigmont, Idaho

My commission expires June 1981

(Seal)

Signed Sister M. Germaine Schlader OSB
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of April, 1980

Edna Krebs

Notary Public, residing at Craigmont, Idaho

My commission expires June 1981

(Seal)

Signed Louise M. Schlader
(Signature of Any Credible Person)

N. 1400 Superior, Spokane, Wash.
(Street Address, City, State)

FORM DH 60-155 CL 1/9/70 nm Rec # 21002 - 5-14-80 Fee pd.

AUG 13 1982

Baptism Certificate form Roman Catholic Church gives Josephine Magdaline Koepl daughter of John and Emma Koepl born 3-2-22 was baptised 3-5-22 in NezPerce, Idaho. Viewed by V.S.

Student Record from Nezperce High School in Nezperce, Idaho District No 18 gives students name as Josephine Koepl born 3-2-22 daughter of John Koepl. Graduation date 5-15-42. Viewed by V.S.

Marriage Record from Holy Trinity Church in Nezperce, Idaho dated 1-26-70 gives John Koepl and Emma Schlader were married 10-7-19. Viewed by V.S.

Certificate of Death for Mrs Emma Koepl who died 3-16-36 at Nezperce, Idaho state file # 98089 gives her maiden name as Schlader. Viewed by V.S.

253-018-031-165

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. Route 2 St.

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 47

File No. 100316

Primary Registration District No.

Registered No. 172

Hospital

FULL NAME OF CHILD Bettie Irene Beck

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2	Yes	Mar 15 1922

FATHER

FULL NAME Rudolph Beck

RESIDENCE Nezperce

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Nebraska

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Susan Jones

RESIDENCE Nezperce

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Iekos

OCCUPATION Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 a.m. on the date above stated.

(Signature) E J Taylor M.D.

(Physician or midwife)

Address Nezperce Idaho

Filed 4—11 1922 Albert Huff Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Albert Huff Registrar

S-Y-CO. 38071

JUN 13 1963

336-221-031-986

PLACE OF BIRTH

County of Lewis

City of Winchester

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 2127

File No. 100321

Primary Registration District No. 48

Registered No. ____

Full Name of Child Helen Leota Lloyd

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Female		Yes	Jan 21 1922

FATHER		MOTHER	
FULL NAME	John E. Lloyd	FULL MAIDEN NAME	Leota Rhodes
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	Saw Mill work	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse Langhlin

Physician

(Physician or midwife)

Address Winchester Idaho

Given names added from a supplemental report

....., 19....

Registrar

Filed Jan 19 22 Jesse Langhlin

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAY. 8 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Winchester

Street:

County: ~~Idaho~~ Lewis

File Number: 100321

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Jan 21 192 2

Father: John Edward Lloyd (Full Name)

Mother: Leota Rhodes (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Helen Leota Lloyd
Child's Name in Full

Mrs J E Lloyd
Signature of Father or Mother

SEP 9 1943

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

213-210-031-123

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
APR 22 1922
BUREAU OF VITAL STATISTICS

County of Lewis

City of Nez Perce Idaho

No. Route 2 St.

Registration District No. 47

File No. 100323

Primary Registration District No.

Registered No. 173

Hospital

FULL NAME OF CHILD Isadore Mary Cecilia Kachelmeier

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Feb 10 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alois John Kachelmeier	FULL MAIDEN NAME	Cecilia Ahlers
RESIDENCE	Nez Perce Ida	RESIDENCE	Nez Perce Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 7 35 A M (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl M Horswell
(Physician or midwife)

Given names added from a supplemental report.

19

Albert Huff
Registrar

Address Orofino Ida

Filed 5-16 1922

Albert Huff
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

692-222-031-469

PLACE OF BIRTH

RE[illegible]
APR 29 19[illegible]
BUR[illegible]
STA[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce,

No. Village St.

Registration District No. 47

File No. 100324

Hospital

Primary Registration District No.

Registered No. 174

FULL NAME OF CHILD Alice Arlene Fike
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	April 22 1922

What bactericidal solution was used in eyes? Agno3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Harold Ray Fike	FULL MAIDEN NAME	Viola Moreland
RESIDENCE	Nezperce, Idaho.	RESIDENCE	Nezperce, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Dunlop, M.D.
(Physician or midwife)

Address Craigmont, Idaho.

Give names added from a supplemental report.

19

Albert Huff
Registrar.

Filed 4-24 1922 Albert Huff
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 22 1943

447-130-031-813

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 4 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis
Near City of Craigmont
No. ..... St.
Registration District No. 60
File No. 100325
Hospital .....
Primary Registration District No. 2129
Registered No. 10

FULL NAME OF CHILD James Jerome Dugger
(Certificate of no value without full name of child.)

Sex of Child Male | Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of birth Mar 30 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	James Pallison Dugger	FULL MAIDEN NAME	Minnie Hatley
RESIDENCE	Craigmont	RESIDENCE	Craigmont
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Tennessee
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

[redacted]reby certify that [redacted]tended the birth of this child, who was Born Alive at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Emil Laughlin
Physician
(Physician or midwife)

Address Winchester, Ida.

Filed 4/17 1922 R. E. Dwelsh
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 28 1992

666-219-035 [redacted]

PLACE OF BIRT[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce
near City of Reubens

RECEIVED MAY 4 1922 BUREAU OF VITAL STATISTICS

No. ..... St. ..... Registration District No. 32 ..... File No. 100326

Hospital ..... Primary Registration District No. 2129 ..... Registered No. 11

FULL NAME OF CHILD Mary Pauline Wood
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female	—		—	Yes	Apr	19	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag. Noz

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Roy Wood	FULL MAIDEN NAME	Ruth Harriett Ruckman
RESIDENCE	Reubens	RESIDENCE	Reubens, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Oregon	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 12.30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. M. Laughlin
Physician
(Physician or midwife)

Address Winchester, Ida.

Filed 4/28 1922 R. E. Dunlap
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

DEC 9 1975

APR 7 1943

795-216-031-569

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
STATISTICS

CERTIFICATE OF BIRTH

100327

County of Lewis

City of Morrow

No. Craigmont RFD/ St.

Registration District No. 60

File No.

Primary Registration District No. 2129

Registered No. 12

Hospital

FULL NAME OF CHILD Dorthy, Lenore, Greene

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		6	Yes	4 (Month) 18 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter, A. Greene	FULL MAIDEN NAME	Elsie Norton
RESIDENCE	Morrow Ida	RESIDENCE	Morrow,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	48 (Years)
BIRTHPLACE	Pullman, Whitman Co. Wash	BIRTHPLACE	Woodburn, Marion Co. Ore.
OCCUPATION	Laborer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born April 18 1922 at 7.20 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Fannie Jobe

Midwife

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Craigmont Ida

Registrar

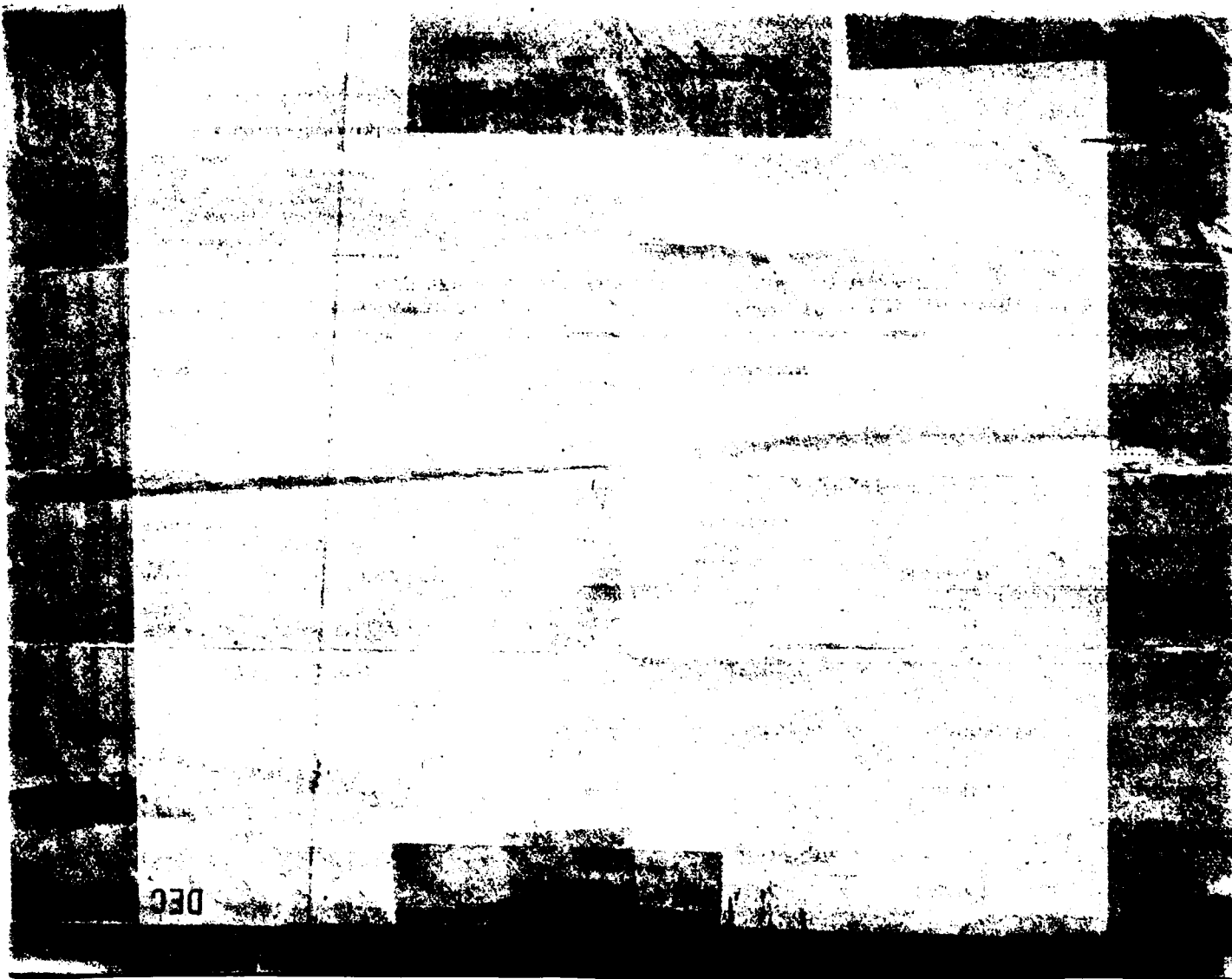
Filed 4/27 1922 [illegible]

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



255-106-032-3-9

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—[illegible]-8-8-17

County of Lincoln

APR 21 1922

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Richfield

Registration District No. 17

File No. 100328

No. ..... St.

Primary Registration District No. .....

Registered No. 56

Hospital .....

FULL NAME OF CHILD Ephraim Archibald Bee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	March 6 1922

FATHER		MOTHER	
FULL NAME	Joseph Bee	FULL MAIDEN NAME	Isa May Cain
RESIDENCE	Richfield	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Pennsboro W Va	BIRTHPLACE	Cairo W. Va
OCCUPATION	Carpenter	OCCUPATION	House wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Bloom

M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Richfield

Filed April 10 1922 O E Bloom

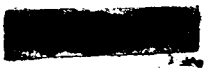
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



867-108-032-493

PLACE OF BIRTH

RECEIVED
APR 21 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln,

City of Detrick,

No. ..... St.

Registration District No. 16 File No. 100329

Hospital ..... Primary Registration District No. 2016 Registered No. 20

FULL NAME OF CHILD Arthur Hogan,
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	4 - 8 1922.

What bactericidal solution was used in eyes? 20 % Argyrol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: James C. Hogan	FULL MAIDEN NAME: Mary Mitchell,
RESIDENCE: Detrick, Idaho	RESIDENCE: Detrick Idaho.
COLOR: White.	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Missouri.	BIRTHPLACE: Missouri.
OCCUPATION: Section Foreman? R. [illegible].	OCCUPATION: Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, (Born alive or stillborn) **at** 3.00 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C. Deane M.D.

Physician.
(Physician or midwife)

Address Shoshone, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Apr 8 1922 J. L. Sullivan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APP 18 1949
APR 30 1973

319-106-032-449

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln,

City of Near Detrick,

No. ..... St.

Hospital .....

Registration District No. Detrick. 16 File No. 100330

Primary Registration District No. 2016 Registered No. 19

FULL NAME OF CHILD [redacted] Smith, Alan Carlton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	4-6-22/ 192

What bactericidal solution was used in eyes? 20% Sol Argyrol.

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Percy D. Smith	FULL MAIDEN NAME	Maud E. Murphy. Elizabeth
RESIDENCE	Detrick, Idaho.	RESIDENCE	Detrick/ Idaho.
COLOR	White, AGE AT LAST BIRTHDAY 31 (Years)	COLOR	White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Washington,	BIRTHPLACE	Washington.
OCCUPATION	R. R. Employee,	OCCUPATION	Housewife,

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7-30 A. M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C Drane MD

Physicisn.
(Physician or midwife)

Address Shoshone, Idaho.

Filed April 8 1922 J L Ferrer
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-203-032-165

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. 16

File No. 100331

No. ..... St.

Primary Registration District No. 1016

Registered No. 18

Hospital .....

FULL NAME OF CHILD Edna Mae Davis

Sex of Child	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth April 3 1922 (Month) (Day) (Year)
Female			

FATHER		MOTHER	
FULL NAME	Grover Cleveland Davis	FULL MAIDEN NAME	Grace Lillian Jones
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Idaho
OCCUPATION	R.R. man	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar.

Filed Apr 8 1922 J. L. Fuller Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 14 1943
JUL 11 1944

Form V. S. No. 11—20m-7-26-19

PLACE OF BIRTH

767-206-832-1,5-3

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. 16 File No. 100332

No. ..... St.

Primary Registration District No. 1016 Registered No. 17

Hospital .....

FULL NAME OF CHILD MARY GOGENOLA

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	—	Yes	April 6 1922

(To be answered only in event of plural births)

FULL NAME	Saturino Saturino	FATHER	GOGENOLA Gomeila
RESIDENCE	Shoshone Ida		
COLOR	White	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Spain		
OCCUPATION	Farmer		

FULL MAIDEN NAME	Mercedes Mercedes	MOTHER	Anchustegui Anchusteau
RESIDENCE	Shoshone Ida		
COLOR	White	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Spain		
OCCUPATION	Wife		

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 - A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address

Filed Jul 7 1922 [signature] Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of JEROME }

Certificate No. 100332

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death) for MARIE GOGENOILA (Name on Original Certificate) who WAS BORN (Was Born or Died) on APRIL 6 1922 (Date of Event) in SHOSHONE, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by BAPTISIMAL CERT. (Bible Record, Insurance Policy, Etc.) prepared on JANUARY 22, 1942 (DUP) (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Marie Gogenoila	Mary Gogenola
name of father	Saturino Gogenoila	Saturino Gogenola
name of mother	Mercedes Anchusteau	Marcedes Anchustegui

Subscribed and sworn to before me this 25th day of May, 1942.

Notary Public, residing at Jerome Idaho.

My commission expires May 26- 1944
(Seal)

Signed Mercedes Gogenola
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

213 Lincoln Ave Jerome, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of JEROME }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of May, 1942.

Notary Public, residing at Jerome Idaho

My commission expires May 26-1944
(Seal)

Signed Mary Saras
(Signature of Any Credible Person Other Than Previous Year)

Borah St Shoshone, Idaho
(Street Address, City, State)

FEB 28 1942

363-203-032-4136

PLACE OF BIRTH

RECEIVED
APR 21 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone,

No. McFall Hotel, St.

Hospital

Registration District No. 16

Primary Registration District No. 1016

File No. 100333

Registered No. 16

FULL NAME OF CHILD Ellouise, Tollman,
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes,	4- 3- 1922

What bactericidal solution was used in eyes? 20% Sol. Argyrol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Clarence H. Tollman,	FULL MAIDEN NAME: Jessie R. McFall,
RESIDENCE: Shoshone, Idaho.	RESIDENCE: Shoshone, Idaho.
COLOR: White,	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Idaho.	BIRTHPLACE: Idaho.
OCCUPATION: Student,	OCCUPATION: Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) **at** 9.10 A. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Herbert C Evans M.D.

Physician.
(Physician or midwife)

Address Shoshone, Idaho

Filed Apr 5 1922 J L Fuller
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

335.131-092-493

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922

CERTIFICATE OF BIRTH

County of Lincoln,
City of Shoshone.
No. Section House, St.
Hospital

Registration District No. 16
Primary Registration District No. 1016

File No. 100334
Registered No. 15

FULL NAME OF CHILD Edward Clendennin,
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			Yes.	3 – 31 1922

What bactericidal solution was used in eyes? 20% Sol Argyrol.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Commodore R. Clendennin,	FULL MAIDEN NAME	Flossie Dicks,
RESIDENCE	Shoshone, Idaho.	RESIDENCE	Shoshone, Idaho.
COLOR	White,	COLOR	White,
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Tennisee,	BIRTHPLACE	Missouri.
OCCUPATION	R. R. Labourer	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, (Born alive or stillborn) **at** 5-10 A. M. **on the date above stated.**

(Signature) Herbert C Deane M.D.

Physician
(Physician or midwife)

Address Shoshone, Idaho.

Filed Apr 25 1922 J. L. Bullen
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

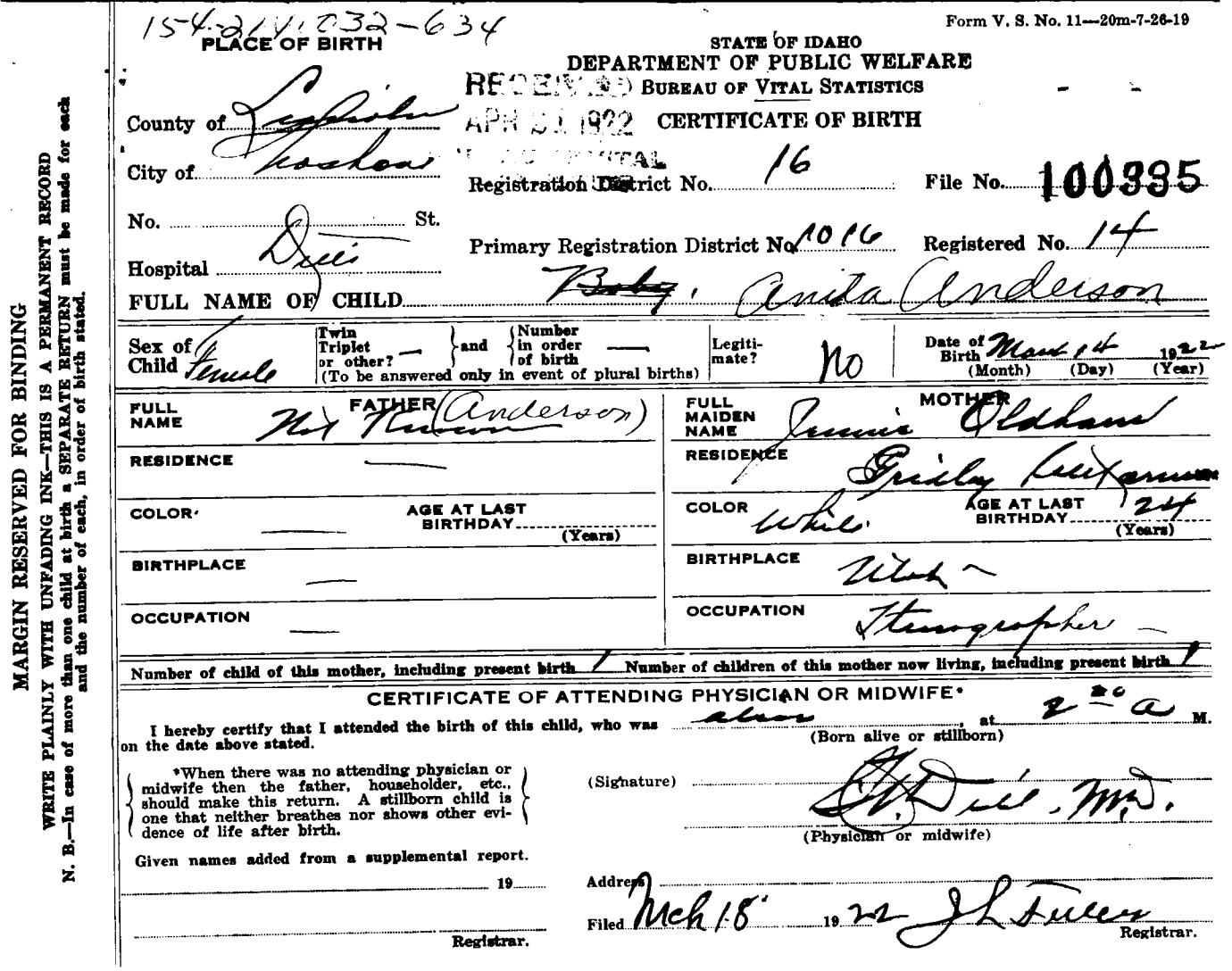
Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



154-214-032-634

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 21 1922 VITAL

CERTIFICATE OF BIRTH

County of Lapiola

City of Hoskins

No. ..... St.

Hospital Dill

Registration District No. 16 File No. 100335

Primary Registration District No. 1016 Registered No. 14

FULL NAME OF CHILD ~~Boby~~, Anita Anderson

Sex of Child	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		No	March 14 1922

FATHER		MOTHER	
FULL NAME	Not Known (Anderson)	FULL MAIDEN NAME	Jennie Oldham
RESIDENCE	—	RESIDENCE	Gridley Cottonwood
COLOR	— AGE AT LAST BIRTHDAY ..... (Years)	COLOR	White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	—	BIRTHPLACE	Utah
OCCUPATION	—	OCCUPATION	Stenographer

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2:20 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Dill, M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar.

Address

Filed Mch 18 1922 J. L. Fuller Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
MAY 8 - 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, ...192...

~~Madam:~~

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance have the full name included in the record. Kindly fill in the information requested in the blank below and turn this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

City Shoshone

File Number 100335

Street .....

Registration Dist. No. .....

County Lincoln

Child Female

Date of Birth March 14 192 2

Robert Arthur Anderson
Full Name

Mother Jennie Oldham
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Anita Anderson
Child's Name in Full

.....
Signature of ~~Father or Mother~~

C. W. Dill, attending Physician
Shoshone, Idaho

MAR

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, pa and legitimacy.

It enables the Public Health Nurse to make sure the ch been protected from danger of blindness and other infections at

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men a pelled to furnish certified copies of certificates of birth, it portant that the certificates be filed with the BUREAU OF VITAL TICS and the same completed by furnishing the name of the child

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

Dear M

ance to
and ref

Place
of
Birth

Sex of

Father

I HER

.....

Yr.

514-111-032-514

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cuiah

City of Shoshone

No. ..... St.

Hospital Dills

Registration District No. 16

File No. 100336

Primary Registration District No. 1016

Registered No. 13

FULL NAME OF CHILD Baby

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—		3 — 11 — 1922

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Unknown	FULL MAIDEN NAME	Laura Vaughan
RESIDENCE	—	RESIDENCE	Malad. Idaho
COLOR	—	COLOR	White
AGE AT LAST BIRTHDAY (Years)	—	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	—	BIRTHPLACE	Idaho
OCCUPATION	—	OCCUPATION	Clerk

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 45 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Dill M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address

Filed Mch 18 1922 J. L. Hillen

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

412-114-032-599

PLACE OF BIRTH

RECEIVED APR 21 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln.

City of Shoshone.

No. ..... St.

Hospital Mrs. Joy.

Registration District No. 16

Primary Registration District No. 1016

File No. 100338

Registered No. 11

FULL NAME OF CHILD ~~George E. Mabbutt, Jr.~~ WILLIAM T. MABBUTT
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	3-~~13~~-14-1922

What bactericidal solution was used in eyes? 20% Argyrol.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	George E. Mabbutt,	FULL MAIDEN NAME	Elsie Erickson,
RESIDENCE	Shoshone, Idaho	RESIDENCE	Shoshone, Idaho.
COLOR	White.	COLOR	White,
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Shoshone, Idaho.	BIRTHPLACE	Finland.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3-15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Herbert C. Leane M.D.

Physician.
(Physician or midwife)

Address Shoshone, Idaho.

Filed March 14 1922 J. L. Fuller
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 100338

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	George E. Mabbutt Jr.	~~William T. Mabbutt~~
date	March 13, 1922	~~March 14, 1922~~

Subscribed and sworn to before me this 9th
day of Oct., 1942

Notary Public, residing at Boise, Ida.
My commission expires 7/4/45
(Seal)

Signed Floyd H. Walker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

114 Owyhee Blvd., Boise, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JAN 3 1946

OCT 9 1942

NOV 5 1942

AUG 1 1975

168-210-027-759

PLACE OF BIRTH

Amended July 9, 1959

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Hazelton

No. ____ St.

Registration District No. 23 1007

File No. 100345

Hospital ____

Primary Registration District No. 2017

Registered No. ____

FULL NAME OF CHILD Betty Jane Johansen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	Mar. 10 192 2

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Ferdinand A. Johansen	FULL MAIDEN NAME	Agnes Perkins
RESIDENCE	Hazelton	RESIDENCE	Hazelton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Norway	BIRTHPLACE	Ida.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) E.L. Berry, M.D.

(Physician or midwife)

Address Hazelton, Idaho

Filed Apr. 27 192 2 E.D. Piper, M.D.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certificate of Blessing, issued May 23, 1959, blessed May 7, 1922, by Francis M. Perkins LDS Church, viewed by V.S.; Marriage License, #4002 Idaho, datedOct. 28, 1941, gives Name as Betty Jane Johansen, viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Twin Falls

Certificate No. 100345

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Agnes Johansen (Name on Original Certificate) who was born (Was Born or Died) on Mar. 10, 1922 (Date of Event) in Hazelton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Agnes Johansen	Betty Jane Johansen
		Agnes Johansen

Subscribed and sworn to before me this 25 day of May, 19 62.

Notary Public, residing at Twin Falls Idaho
My commission expires Nov 10, 1962
(Seal)

Signed Agnes Johansen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

x 423-6th Ave Twin Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of May, 19 62.

Notary Public, residing at Twin Falls Idaho
My commission expires Nov 10, 1962
(Seal)

Signed Marguerite Wilson
(Signature of Any Credible Person)

x 422 2nd East Twin Falls
(Street Address, City, State)

FORM DPH 55. 155

555-205-027-695

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Eden

Registration District No. 23 File No. 100346

No. ..... St.

Primary Registration District No. 1017 2017 Registered No. .....

Hospital .....

FULL NAME OF CHILD Althea Pearl Everett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	May 5 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	C. Vine Everett	FULL MAIDEN NAME	Mary L. Winter inner
RESIDENCE	Eden	RESIDENCE	Eden
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Colo	BIRTHPLACE	Ill
OCCUPATION	Miller	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 15/17 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Barry M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Hazelton Ida

Registrar

Filed Apr 27 1922 E. D. Piper M. D.

Registrar

Credid eyes

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 8 1945

MAY 1 3 1975

MAR 1 6 1951

868-225-027-381

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Hazelton

Registration District No. 23 File No. 100347

No. ..... St.

Primary Registration District No. 1017 2017 Registered No. .....

Hospital .....

FULL NAME OF CHILD Helen Elizabeth Hohnhorst

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
7		Yes	Feb 25 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. Hohnhorst	FULL MAIDEN NAME	Agnes Charles
RESIDENCE	Hazelton Ida	RESIDENCE	Hazelton
COLOR	Wh. AGE AT LAST BIRTHDAY 41 (Years)	COLOR	Wh AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 10/17 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Berry MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Hazelton Ida

Filed Apr 27 1922 E. D. Piper M.D.

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-101-027-993

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Hazelton

Registration District No. 23

File No. 100348

No. ..... St.

Primary Registration District No. 1017 2017

Registered No. .....

Hospital .....

FULL NAME OF CHILD Merlin Harvey Peck

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Feb (Month) 1 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Chas. Walter Peck	FULL MAIDEN NAME	Claire Richards
RESIDENCE	Hazelton	RESIDENCE	Hazelton
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Mont
OCCUPATION	Mgr. Lumber Yard	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 30/47 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Berry M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Hazelton

Filed Apr 27 1922 E. D. Piper M.D.

Registrar

Registrar

Creded Eyes

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 1 1974

JAN 2 6 1981

295-116-027-433

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Hazelton

Registration District No. 23 - 1017

File No. 100349

No. ..... St.

Primary Registration District No. 2017

Registered No. .....

Hospital .....

FULL NAME OF CHILD Raymond Arthur Brewer

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	Twin		2	yes	Feb 16 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chester E Brewer	FULL MAIDEN NAME	Lottie McCubbins
RESIDENCE	Hazelton	RESIDENCE	Hazelton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Wash
OCCUPATION	Laborer	OCCUPATION	H.W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 15 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Berry M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Hazelton Ida

Filed Apr 27 1922 E. D. Pifer M.D.

Registrar

Registrar

Creded Eyes

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-130-027-384

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

MAY 1 1922
BUREAU OF VITAL STATISTICS

County of Jerome
City of Hazelton Registration District No. 23 File No. 100350
No. ____ St. 1017
Primary Registration District No. 2017 Registered No. ____
Hospital ____

FULL NAME OF CHILD George Ernest Richards

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	March 30 1922

FATHER		MOTHER	
FULL NAME	Ernest Albert Richards	FULL MAIDEN NAME	Lela Thurston
RESIDENCE	Hazelton Ida	RESIDENCE	Hazelton Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Rockdale Colo.	BIRTHPLACE	Hyde Park Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5-40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

(Signature) C. A. Rich
Physician
(Physician or midwife)

Address Burley Idaho

Filed April 4 1922 E. D. Pifer M. D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 8, 1941. E.W.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAY 8 1922 192

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Millner; Street; County Jerome

File Number 100350

Registration Dist. No.

Date of Birth March 30 1922

Sex of Child Male

Father Earnest Albert Richards (Full Name)

Mother Lila Thurston (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

George Earnest Richards
Child's Name in Full

Mrs E. A. Richards
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

449-208-027-546

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Hazelton

Registration District No. ..... File No. 100351

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Roberta Beth Murphy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Feb (Month) 8 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Gordon F. Murphy	FULL MAIDEN NAME	Muriel Edwards
RESIDENCE	Hazelton	RESIDENCE	Hazelton Ida
COLOR	Wh	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	W-yo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Barry M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Hazelton Ida

Registrar

Filed ..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MURPHY

386-022-027-365

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Jerome

City of Hazelton

No. ..... St. 1017

Registration District No. 23 File No. 100352

Primary Registration District No. 2017 Registered No. .....

Hospital .....

FULL NAME OF CHILD Emma Lou Thompson

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	Jan 22 1922

FATHER		MOTHER	
FULL NAME	Raymond E Thompson	FULL MAIDEN NAME	Cynthia Lovell
RESIDENCE	Hazelton Ida	RESIDENCE	Hazelton Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 30 p M. on the date above stated.

(Signature) E. L. Berry M.D.

(Physician or midwife)

Address Hazelton Ida

Filed Apr 27 1922 E. D. Pfeiffer M. D.

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

Corrected copy

1468

967-206-033-154

PLACE OF BIRTH

STATE OF ID[redacted]
DEPARTMENT OF PU[redacted]
BUREAU OF VITAL STATISTICS

County of Madison

City of Rexburg

No. 6 — E-Main St.

Hospital

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 100354

Primary Registration District No. 2178 Registered No. 92

FULL NAME OF CHILD — Dorthy Jeanne Rogers
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	4 — 6 — 1922

What bactericidal solution was used in eyes? 2% mercury chrome

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John Gearton Rogers	FULL MAIDEN NAME	Anna Marie Anderson
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Nebraska	BIRTHPLACE	Utah
OCCUPATION	Baker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
M.D.
(Physician or midwife)

Address Rexburg Idaho

Filed 4/8 1922 G. Espe
Registrar.

Give names added from a supplemental report.

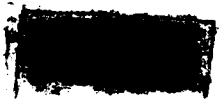
....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 19 1944



1467

619-204-033-613 name added 10/7/80

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Hibbard

No. ..... St.

Hospital .....

Registration District No. 100 File No. 100355

Primary Registration District No. 2178 Registered No. 91

FULL NAME OF CHILD Donna Lou Wardell

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	4 - 4 - 1922

What bactericidal solution was used in eyes? 2% Mercuric chrome

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	William Henry Wardell	FULL MAIDEN NAME	Mary C Walker
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	School Teacher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9.30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich MD

(Physician or midwife)

Address Rexburg Idaho

Filed 4/8 1922 G. E. Coffee

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-10-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
SEP 25 1980
Bureau of Vital Statistics

State of _____ } ss.
County of _____ }

Certificate No. 100355
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Wardell (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 4, 1922 (Date of Event)

in Hibbard (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Donna Lou Wardell

Subscribed and sworn to before me this 18 day of Sept, 1980

Notary Public, Mary Ann Givich

Residing at Contra Costa

My commission expires 1-30-83

(Seal)

OFFICIAL SEAL
MARY ANN GIVICH
NOTARY PUBLIC CALIFORNIA
PRINCIPAL OFFICE IN
CONTRA COSTA COUNTY
My Commission Expires JAN 30, 1983

Donna Lou (Wardell) Drummond
Signature of Applicant

P.O. Box 224
Bethel Island, Ca. 94511
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary X)

State of _____ } ss.
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certif of Baptism from the LDS Church gives name as Donna Lou Wardell daughter of W.-H. Wardell and Mary C. Walker. born April 4, 1922 at Hibbard, Idaho Baptized May 4, 1930. viewed y V. S.

OCT [illegible]

Certif of Marrige from California dated Oct 10, 1943 at Pamona, Calif gives names as Robert P. Drummond and Donna Lou Wardell. viewed by V. S.

1466

845-203-033-137

PLACE OF BIRTH

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100356

County of Madison

City of Thornton

No. ..... St.

Registration District No. 100 File No. .....

Hospital ..... Primary Registration District No. 2178 Registered No. 90

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth 4-3-1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 2% Mercury chrome

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Elias Frank Hunt	FULL MAIDEN NAME	Sarah A Alger
RESIDENCE	Thornton	RESIDENCE	Thornton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Rexburg Idaho

Filed 4/8 1922 G G Espe
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1465

33k 103-033-745

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison
City of Rexburg
No. ..... St.
Hospital .....

Registration District No. 100 File No. 100357
Primary Registration District No. 2178 Registered No. 89

FULL NAME OF CHILD Jack Joseph Cloward
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	4 - 3 - 1922

What bactericidal solution was used in eyes? 2% Mercury chrome

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Elden J Cloward	FULL MAIDEN NAME	Mary Lunnell
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 50 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Address Rexburg Idaho

Filed 4/8 1922 G G Espe
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rexburg Idaho

Street:

County: Madison

File Number: 100357

Registration Dist. No.:

Sex of Child: Male

Date of Birth: April [redacted] 1922

Father: Elden Howard (Full Name)

Mother: Mary Gunnell (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Jack Joseph Howard

(Child's Name in Full)

Mary Howard

(Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1464

155-202-033-113

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison
City of Sugar
No. ..... St.
Hospital .....

Registration District No. 100 File No. 100358
Primary Registration District No. 2178 Registered No. 88

FULL NAME OF CHILD Maude Maxine Jensen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	4-2-1922

What bactericidal solution was used in eyes? 2% mercury chrome

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Frank Jensen	FULL MAIDEN NAME	Maud Sarah Jacobs
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.05 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Laura F. Rich
MW
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Rexburg Idaho

Filed 4/8 1922 G G Espe
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAY 2 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAY 8 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sugar

Street: .....

County: Madison

File Number: 100358

Registration Dist. No.: 1-J

Sex of Child: Female

Date of Birth: Apr 2 .....192.2

Father: Frank Jensen (Full Name)

Mother: Sarah Maude Jacobs (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Maude Maxine

Child's Name in Full

Mrs. Frank Jensen

Signature of Father or Mother

NOV 26 1962

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1463

763-201-033-469

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison
City of Hubbard
No. ..... St.
Hospital .....

Registration No. 100 File No. 100359
Primary Registration District No. 2178 Registered No. 87

FULL NAME OF CHILD Fern Arlena Potter
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	4-1-1922

What bactericidal solution was used in eyes? 2% Mercury chrome

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Carl F Potter	FULL MAIDEN NAME	Flora Morris
RESIDENCE	Chester	RESIDENCE	Chester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin A Rich MD
(Physician or midwife)

Address Rexburg Idaho.

Give names added from a supplemental report.

....., 19.....
.....
Registrar.

Filed 4/8 1922
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

L.D.S. Church Cert. of Baptism & Confirmation, July 6, 1930 gives full name of child as Fern Arlena Potter - viewed by V.S. and Own Child's Birth Cert. on file, # 362627 gives full maiden name of mother as Fern Arlena Potter- viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Madison } ss.

Certificate No. 100359

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Potter (Name on Original Certificate) who born (Was Born or Died) on April 1, 1922 (Date of Event) in Hibbard, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible & Church record (Bible Record, Insurance Policy, Etc.) prepared on July 6 1930 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Fern Arlena Potter

Subscribed and sworn to before me this 21st day of November, 1959

Ray W. Rigby
Notary Public, residing at Rexburg, Idaho
My commission expires 1-26-63
(Seal)

Signed ✓ Leon F Potter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 1, Rexburg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of November, 1959

Ray W. Rigby
Notary Public, residing at Rexburg, Idaho
My commission expires 1-26-63
(Seal)

Signed Leslie McCulloch
(Signature of Any Credible Person)

Route 1, Rexburg, Idaho
(Street Address, City, State)

FORM DPH 55.155

CL 11-5-59. one copy pd. receipt #17346.

MAR 3 1960

1461

863-129-033-113

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

County of Madison
City of Sugar
No. ..... St.
Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 100360

Primary Registration District No. 2178 Registered No. 86

FULL NAME OF CHILD Gorden Jacobs Holman
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	3-29-1922

What bactericidal solution was used in eyes? none

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Ezekial Holman	FULL MAIDEN NAME	Stella J. Jacobs
RESIDENCE	Sugar City	RESIDENCE	Sugar City,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Stock Grower	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12-a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Address Rexburg Idaho

Filed 4/8 1922 G. G. Espe
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

REASO[illegible] [illegible]RT[illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sugar[illegible]

Street:

County: Madison

File Number: 100360

Registration Dist. No.:

Date of Birth: March 28 1922 D

Sex of Child: Male Yes

Father: Ezekiel Loader Holman (Full Name)

Mother: Stella Mae Jacobs Holman (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Gorden Jacobs Holman
Child's Name in Full

Stella J. Holman
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.

Just at this time while many of the Ex-Service men are coming to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1460

469-229-033-299

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of North Salem

No. ..... St.

Hospital .....

Registration District No. 100 File No. 100361

Primary Registration District No. 2178 Registered No. 85

FULL NAME OF CHILD Carma Mortensen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	3-29 1922

What bactericidal solution was used in eyes? 2% Mercury chrome

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Forland Hyrum Mortensen	FULL MAIDEN NAME	Grace Birch
RESIDENCE	North Salem	RESIDENCE	North Salem
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was four alive, at 4 50 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Address Rexburg Idaho

Filed 4/8 1922 G. G. Eope
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 10 1955

1459

249-128-033-239

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison
City of Rexburg
No. 143-N. 2nd E. St.
Hospital

Registration District No. 100 File No. 100362
Primary Registration District No. 2178 Registered No. 84

FULL NAME OF CHILD Glen LeVere Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	3 - 28 1922

What bactericidal solution was used in eyes? 2% Mercury chrome

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Don S. Smith	FULL MAIDEN NAME	Adella Struhs
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Colorado	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 45 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Rexburg Idaho

Filed 4/8 1922 G. G. Estes
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED MAY 10 1922 BUREAU OF VITAL STATISTICS

Boise, Idaho, MAY 8 - 1922 ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rexburg

Street: 143 north 2nd East

County: Madison

File Number: 100362

Registration Dist. No.: 5 m 2

Sex of Child: Male

Date of Birth: March 28 ..... 1922.

Father: Don Aaron Smith (Full Name)

Mother: Adella Stanley (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Glen Levere Smith

Child's Name in Full

L. Smith

Signature of Father or Mother

JUL 13 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1458

219-121-033-289

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison
City of Thornton
No. ..... St. ..... Registration District No. 100 File No. 100363
Hospital ..... Primary Registration District No. 2178 Registered No. 83

FULL NAME OF CHILD ~~Wayne Homer~~ Kent Barber
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	3-21-1922

What bactericidal solution was used in eyes? 2% mercury chrome

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Paul Clinton Barber	FULL MAIDEN NAME	Alma Ann Byrne
RESIDENCE	Thornton	RESIDENCE	Thornton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Rexburg Idaho

Filed 4/8 - 1922 G. G. Espe
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAY 23 19[illegible]
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAY 8 - 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Thornton

Street: .....

County: Madison

File Number: 100363

Registration Dist. No. .....

Date of Birth: March 21 192[illegible]

Sex of Child: Male

Father: Saml. Clinton Barber (Full Name)

Mother: Alma Ann Byrne (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Wayne Homer Kent Barber

Child's Name in Full

Clinton Barber

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 100263

Date Filed birth (BIRTH OR DEATH)

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Wayne Homer Kent Barber (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on 3-21-22 (DATE OF EVENT) in Thornton, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 2-13-42 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Wayne Homer Kent Barber	Kent Barber

Subscribed and sworn to before me this 2 day of February, 1942

Edith H. Church

Notary Public, residing at Boise Idaho

My commission expires May 16-1944
(SEAL)

Signed Alma Ann Barber
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 13 1942

FEB 14 1942

MAY 31 1963

1457

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

815-220-033-433

County of Madison

City of Hibbard

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 100364

Primary Registration District No. 2178 Registered No. 82

FULL NAME OF CHILD Catherine Hansen
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth 3 - 20 - 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 2% Sol Mercury Chrome

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Emanuel Alexander Hansen	FULL MAIDEN NAME	Beatrice McCulloch
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Denmark	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 05 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Address Rexburg Idaho

Filed 4/8 1922 G. G. Esper
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

INEN

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
MAY 10 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, MAY 8 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rexburg Idaho

Street:

County: Madison

File Number: 100364

Registration Dist. No.: I don't know.

Sex of Child: Girl Female

Date of Birth: March 20 192 2

Father: Emanuel Alex Hansen (Full Name)

Mother: Beatrice McCulloch (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Catharine Hansen
Child's Name in Full

Mrs Beatrice McCulloch Hansen
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1456

113-115-033-793

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. 100365

Primary Registration District No. 2178 Registered No. 81

FULL NAME OF CHILD Willis Austin Jacobs
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	3 - 15 - 1922

What bactericidal solution was used in eyes? 2% Sol Mercury chrome

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 10

FATHER		MOTHER	
FULL NAME	Leo Jacobs	FULL MAIDEN NAME	Florence Gilchrist
RESIDENCE	Sugar City	RESIDENCE	Sugar City.
COLOR	White. AGE AT LAST BIRTHDAY 42 (Years)	COLOR	White AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9 20 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
M.D.
(Physician or midwife)

Address Rexburg Idaho

Filed 4/8 1922 J. G. Espe
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAY ... 1922
PUB... OF VITAL
STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAY 8 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sugar

Place of Birth — Street:

Place of Birth — County: Madison

File Number: 100365

Registration Dist. No.:

Date of Birth: March 15 1922.

Sex of Child: Male

Father: Leo Jacobs (Full Name)

Mother: Florence Gilchrist (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Willes Austin Jacobs
Child's Name in Full

Florence Jacobs
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1455

249-114-033-842

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. 357-E-1st N. St.

Registration District No. 100 File No. 100366

Hospital

Primary Registration District No. 2178 Registered No. 80

FULL NAME OF CHILD John H. Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	3-14-1922

What bactericidal solution was used in eyes? 2% Sol mercury chrome

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Joseph Fred Smith	FULL MAIDEN NAME	Josephine Huskinson
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Laura F. Rich.

MW
(Physician or midwife)

Address Rexburg Idaho

Filed 4/8 1922 G. G. Espe
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED
OCT 11 1922
BUREAU OF VITAL STATISTICS

Place of Birth — City: Redding

Street: 357 E. 1 St.

County: Madison

File Number: 100366

Registration Dist. No.:

Date of Birth: Mar 14 1922

Sex of Child: Male

Father: J. Fred Smith (Full Name)

Mother: Josephine Hutchinson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

John H. Smith (Child's Name in Full)

Josephine Smith (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1454

643-109-033-154

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Salem

No. ..... St.

Hospital .....

Registration District No. 100 File No. 100367

Primary Registration District No. 2178 Registered No. 79

FULL NAME OF CHILD Dorian Rell Fullmer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	3-9-1922

What bactericidal solution was used in eyes? 2% Sol Mercury chrome

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	William Reid Fullmer	FULL MAIDEN NAME	Evalene Anderson
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 45 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich

MD
(Physician or midwife)

Address Rexburg Idaho

Filed 4/8 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 - 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Salem

Street: .....

County: Madison

File Number: 100367

Registration Dist. No. .....

Date of Birth: March 9th 1922

Sex of Child: Male

Father: Wm Reid Fullmer (Full Name)

Mother: Eralean Anderson Fullmer (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Dorian Reid Fullmer
Child's Name in Full

Reid Fullmer
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1453

225-108033-113

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. 145-W. Main St.

Registration District No. 100 File No. 100368

Hospital

Primary Registration District No. 2178 Registered No. 78

FULL NAME OF CHILD James Stephen Skelton, Jr
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	3 - 8 - 1922

What bactericidal solution was used in eyes? 2% Sol Mercury chrome

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

	FATHER		MOTHER
FULL NAME	JAMES STEPHEN SKELTON ~~Stephen James Skelton~~	FULL MAIDEN NAME	ELNORA ~~Elenora~~ Jacobs
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Automobile Service Station	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MW
(Physician or midwife)

Address Rexburg Idaho

Filed 4/8 1922 G. T. Pestre
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAY 8 - 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rexburg

Street: 145 West Main

County: Madison

File Number: 100368

Registration Dist. No.: .....

Date of Birth: March 8th 192.2

Sex of Child: Male

Father: James Stephen Shelton (Full Name)

Mother: Elnora Jacobs Shelton (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

James Stephen Shelton Jr. (Child's Name in Full)

Mrs. E. Shelton (Signature of Father or Mother)

CORRECTION TO MOTHER'S NAME NOT COMPLETED EARLIER VS.
CORRECTION TO FATHER'S NAME NOT COMPLETED EARLIER VS.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1452

154-208-033-692

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. 255-S-2nd West St.

Hospital

Registration District No. 100 File No. 100369

Primary Registration District No. 2178 Registered No. 77

FULL NAME OF CHILD

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	3 - 8 - 1922

What bactericidal solution was used in eyes? 2% Sol Mercury chrome

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ray Anderson	FULL MAIDEN NAME	Emma Helena Fikstad
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:15 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
MD
(Physician or midwife)

Address Rexburg Idaho

Filed 4/8 1922 G. G. Eske
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-230-033-789

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

City of Rexburg

Registration District No. 100 File No. 100371

No. ..... St.

Primary Registration District No. 2178 Registered No. 75

Hospital

FULL NAME OF CHILD Zola Cook

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	One		—	Yes	3 (Month) 30 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas R. Cook	FULL MAIDEN NAME	Hazel Phillips
RESIDENCE	Rexburg Ida.	RESIDENCE	Rexburg Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Rexburg Ida.	BIRTHPLACE	Kaysville Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. F. Parkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address

Filed 4/8 1922 G. G. Estpe Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF HEALTH AND WELFARE

RECEIVED
OCT 13 1922
BUREAU OF
STATIST.

STATE C. AHO
TMENT OF C WELFARE

MAY - 1922

, Idaho, 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rexburg

Street: 246 South 1st West

County: Madison

File Number: 100371

Registration Dist. No.: 3

Sex of Child: ~~Male~~ female

Date of Birth: March 30 192 2

Father: Chas. Radcliffe Cook (Full Name)

Mother: Hazel Phillips Cook (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Dolan Cook
Child's Name in Full

Mrs. Chas. R. Cook
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for e[illegible] and the number of each, in order of birth stated.

City of Lyman BUREAU OF VITAL STATISTICS Registration District No. 100 File No. 100372

No. ..... St.

Primary Registration District No. 2178 Registered No. 74

Hospital .....

FULL NAME OF CHILD .....

Sex of Child Female | Twin Triplet or other? One and Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth 3 (Month) 29 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Clifford Grover	FULL MAIDEN NAME	Isabell Browning
RESIDENCE	Lyman Ida	RESIDENCE	Lyman Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Lyman Ida.	BIRTHPLACE	Lyman Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. G. Parkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 4/8 1922 G. G. Estpe Registrar

693-226-033-713

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Madison

City of Hibbard

No. _____ St.

Hospital _____

Registration District No. 100 File No. 100373

Primary Registration District No. 2178 Registered No. 73

FULL NAME OF CHILD _____

Sex of Child Female | Twin Triplet or other? One and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 3 (Month) 26 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	H. J. Willmore	FULL MAIDEN NAME	Drucilla Packer.
RESIDENCE	Hibbard Ida.	RESIDENCE	Hibbard Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38. (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Logan. Utah	BIRTHPLACE	Rexburg Ida
OCCUPATION	Farmer.	OCCUPATION	

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. F. Parkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address _____

Filed 4/8 1922 G. G. Estpe Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 26 1961

915-224033-312

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Rexburg

No. _____ St.

Hospital _____

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 100374

Primary Registration District No. 2178 Registered No. 72

FULL NAME OF CHILD Betty Lou Ransdell

Sex of Child Female | Twin, Triplet or other? One | and | Number in order of birth 1 | (To be answered only in event of plural births) | Legitimate? Yes. | Date of Birth 3 (Month) 24 (Day) 1922 (Year)

FATHER

FULL NAME J. S. Ransdell

RESIDENCE Rexburg Ida.

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Lyman Ida.

OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Vera Lake

RESIDENCE Rexburg Ida.

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Fairview Ida.

OCCUPATION Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Parkinson

Physician

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed 4/8 1922

G. C. Estes Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
MAY 31 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, MAY 8 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Rexburg; Street West Main; County Madison

File Number 100374

Registration Dist. No.

Date of Birth March 24 192 2

Sex of Child Female

Father Joseph Setchell Randall (Full Name) Mother Vera Lake (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Betty Lue Randall
Child's Name in Full

J. S. Randall
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

Betty Lee Randall

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

151-220-033-714

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Thornton

No. _____ St.

Hospital _____

Registration District No. 100 File No. 100375

Primary Registration District No. 2178 Registered No. 71

FULL NAME OF CHILD Marian Dolores Avalos

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	One		—	Yes	3 (Month) 20 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E. R. Avalos	FULL MAIDEN NAME	Ethel Paul
RESIDENCE	Thornton Ida.	RESIDENCE	Thornton Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Mexico	BIRTHPLACE	Alama Wyo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 40 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. F. Parkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 4/8 1922

G. J. Estes Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 9 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS JUL 9 10 35 AM '73

State of Oregon } ss.
County of Multnomah

Certificate No. 100375

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Avalos (Female) (Name on Original Certificate) who was born (Was Born or Died) on March 20, 1922 (Date of Event) in Thornton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Marian Dolores Avalos

Subscribed and sworn to before me this 6th day of July, 1973.

Notary Public, residing at Portland, Oregon

My commission expires 4/20/74

(Seal)

Signed Mrs. L. W. Thornton

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

11351 NE Glisan Portland, Ore 97220

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 7/3/73 2cc pd. RUSH!!

Certificate of Baptism from St. Mary's Church, Park City gives name as Marian Delores Avalos. Daughter of Patricio R. Avalos and Ethel Paul. Was born March 22, 1922. Was Baptized April 6, 1922. Viewed by V. S.

JUL 9 1973

Certificateof Marriage from Washington gives groom's name as Jack W. Armstrong and the brides' name as Marian Dolores Avalos. Dated May 15, 1941. Viewed By VS

251-116-033-389

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

Registration District No. 100 File No. 100376

No. _____ St.

Primary Registration District No. 2178 Registered No. 70

Hospital _____

FULL NAME OF CHILD Wilford Junior Knapp

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	One		—	Yes	3 (Month) 16 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. Henry Knapp.	FULL MAIDEN NAME	Florence Christophenson
RESIDENCE	Rexburg Ida.	RESIDENCE	Rexburg Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Rexburg Ida.	BIRTHPLACE	Richmond Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. Parkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address _____

Filed 4/8 1922 G. G. Estes

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-216-033-415

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of MADISON

City of

No. St.

Hospital

Registration District No. 100 File No. 100377

Primary Registration District No. 2178 Registered No. 69

FULL NAME OF CHILD Robinette Mary Larson

Sex of Child Female | Twin Triplet or other? One | and | Number in order of birth — | (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 8 (Month) 16 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME A. M. Larson	FULL MAIDEN NAME Vira Daniels
RESIDENCE Thornton Ida	RESIDENCE Thornton Ida
COLOR White	AGE AT LAST BIRTHDAY 29 (Years)
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Redmond Utah	BIRTHPLACE Rexburg Ida.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Parkinson

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 4/8 19 22 G. G. Estes

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

15

S F IDAHO

DEPARTMENT OF PUBLIC W[illegible] 1922

RECEIVED JUN 5 1922 BUREAU OF VITAL STATISTICS

Boise, Idaho, [illegible] 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly, fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Independence

Street:

County: Madison

File Number: 100377

Registration Dist. No.:

Sex of Child: (Female)

Date of Birth: March 16 1922

Father: Alma M. Larson (Full Name)

Mother: Vera Daniels (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Robinette Mary Larson

Child's Name in Full

Alma M. Larson

Signature of Father or Mother

K

MAY 5 1970

FEB 8 1984

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

863-208-273-458

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
OCT 21 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ____ St.

Registration District No. 100 File No. 100378

Primary Registration District No. 2178 Registered No. 68

Hospital ____

FULL NAME OF CHILD Betty May Holley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	One	One	yes	October 8 1922

FATHER

FULL NAME W. C. Holley

RESIDENCE Rexburg Idaho.

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Garfield Nt.

OCCUPATION Plumber

MOTHER

FULL MAIDEN NAME Mary Myers

RESIDENCE Rexburg Idaho

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Caribou Basin Idaho.

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12-20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Parkinson

Physician

(Physician or midwife)

Given names added from a supplemental report.

____ 19____

Registrar

Address ____

Filed Oct 18 1922

G. G. Estes

Registrar

DEPARTMENT OF STATE

RECEIVED
MAY 2[illegible] 1922
BUREAU OF VITAL STATISTICS

DEPARTMENT OF PUBLIC WELFARE

MAY [illegible] 1922

Boise, Idaho, ...192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Ryeburg

Street: 133 South 2nd East

County: Madison

File Number: 100378

Registration Dist. No.: 3.

Sex of Child: Female

Date of Birth: March 8th 192.2

Father: Wm. O. Holly Jr. (Full Name)

Mother: Mary Margret Meyers (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Betty May Holly
Child's Name in Full

Wm. O. Holly Jr.
Signature of Father or Mother

MAY 14 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

245-106-033-365

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
MAR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. _____ St.

Hospital _____

Registration District No. 100 File No. 100379

Primary Registration District No. 2178 Registered No. 67

FULL NAME OF CHILD Jack Covington Sundberg

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	One		—	Yes	3 (Month) 6 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. A. Sundberg	FULL MAIDEN NAME	Mary Covington
RESIDENCE	Rexburg Ida.	RESIDENCE	Rexburg Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Salt Lake Ut.	BIRTHPLACE	Ogden Ut.
OCCUPATION	Architect	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Parkinson
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Registrar

Filed 4/8 1922

G. J. Estes
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 16 195

432.222-033-343

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100380

County of Madison

City of Rexburg

Registration District No. 100 File No.

No. St.

Primary Registration District No. 2178 Registered No. 66

Hospital

FULL NAME OF CHILD REBECCA DORUS McKENNA

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	—	Yes	Feb 22 1922

FATHER		MOTHER	
FULL NAME	Royal B. McKenna	FULL MAIDEN NAME	Alice S. Leathing
RESIDENCE	Rexburg Ida	RESIDENCE	Rexburg Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Logan Ut.	BIRTHPLACE	Idaho Falls Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 4/8 19 22

[illegible]
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Madison } ss.

Certificate No. 100380

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for "Unnamed" McKenna (Name on Original Certificate) who born (Was Born or Died) on Feb. 22, 1922 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by mother (Bible Record, Insurance Policy, Etc.) prepared on June 22, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Rebecca Dorus McKenna

Subscribed and sworn to before me this 22nd
day of June, 1942
Mary Smith
Notary Public, residing at Rexburg, Idaho
My commission expires June 16, 1943
(Seal)

Signed Mrs Olive McKenna
Mother.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

353 West First So., Rexburg, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Madison } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd
day of June, 1942
Mary Smith
Notary Public residing at Rexburg, Idaho
My commission expires June 16, 1943.
(Seal)

Signed Violet Clements
(Signature of Any Credible Person Other Than Previous Year)

63 W. First So., Rexburg, Idaho
(Street Address, City, State)

JUN 24 1942

JUN 26 1942

284-209-033-893

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Thornton

Registration District No. 100 File No. 100381

No. ..... St.

Primary Registration District No. 2178 Registered No. 65

Hospital .....

FULL NAME OF CHILD Jenett

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	One		—	Yes	Mar (Month) 9 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A. J. Simmons	FULL MAIDEN NAME	Leonetta P. Hill
RESIDENCE	Thornton Ida.	RESIDENCE	Thornton Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Circl Utah	BIRTHPLACE	Wellsville Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Parkinson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 4/8 1922 G. T. Estes Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

TABLE OF

[redacted] Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Thornton Idaho
- Street: .....
- County: Madison

File Number: 100381

Registration Dist. No. .....

Date of Birth: Mar 10 1922

Sex of Child: Female

Father: Andrew J. Simmons
Full Name

Mother: Leanetta P. Hill
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Jenett Simmons
Child's Name in Full

Andrew J. Simmons
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

359-203-033-231

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100382

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 64

FULL NAME OF CHILD Nola Blanche Terry
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	April 3, 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Josh Terry	FULL MAIDEN NAME	Ann Blanchard.
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 9 48 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Espe

Physician
(Physician or midwife)

Address Rexburg, Idaho

Filed 4/8 1922 G. T. Espe
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVER

Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

City Hilliard Ward

File Number 100382

Street

Registration Dist. No.

County Madison

Date of Birth April 3rd, 1923

Child Female

Joshua Jerry
Full Name

Mother Ann Blanchard
Full Maiden Name

HEREBY CERTIFY that the child described herein has been named:

Lola Blanche Jerry
Child's Name in Full

Mrs. Ann Blanchard Jerry
Signature of Father or Mother

Birth registration is part of every child's

It establishes legally the date of the child and legitimacy.

It enables the Public Health Nurse to make been protected from danger of blindness and other i

- - - - IT SHOWS AT LATER PERIODS OF LIF

1. The correct age for purposes of school a
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign la
6. Right to vote.
7. Right to receive pensions and inherit pr
8. Furnishes acceptable evidence of genealo
9. Right to get married.
10. Just at this time while many of the Ex-S

pelled to furnish certified copies of certificates portant that the certificates be filed with the BUR TICS and the same completed by furnishing the name

PLEASE ASSIST BY FURNISHING THE NAME OF

Dear M

ance to and ret

Place of Birth

Sex of

Father

I HER

.....Y

863-101-073-155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

County of Madison
City of Lyman
No. ..... St.
Hospital

Registration District No. 100
Primary Registration District No. 2178

File No. 100383
Registered No. 63

FULL NAME OF CHILD LAVAR CLARENCE HOLMAN
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	April 1, 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Burton B. Holman	FULL MAIDEN NAME	Clarissa Jensen
RESIDENCE	Lyman	RESIDENCE	Lyman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 12 25 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19.....

..... Registrar.

(Signature) [illegible]
Physician
(Physician or midwife)

Address Rexburg, Idaho

Filed 4/8 1922 [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham

Certificate No. 100383

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death) April 1st 1922.
for Lavar Clarence Holman (Name on Original Certificate) who was born (Was Born or Died) on April 1st 1922 (Date of Event)
in Aymon - Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Lavar Clarence Holman

Subscribed and sworn to before me this 4
day of March 1943

E. C. Taylor
Notary Public, residing at Blackfoot Ida.

My commission expires Jan. 7th 1944
(Seal)

Signed Clarissa Josephine Holman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 17 1942

995-201-033-796

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Salem

No. ..... St.

Hospital .....

Registration District No. 100 File No. 100384

Primary Registration District No. 2178 Registered No. 62

FULL NAME OF CHILD Thelma Ruth Rindlesbacher
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	April 1, 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Rudolph Rindlisbacher	FULL MAIDEN NAME	Bertha Gross
RESIDENCE	Rexburg R.F.D. #2	RESIDENCE	Rexburg R.F.D. #2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 9 20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Espe G. W. Espe

Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Address Rexburg, Idaho

Filed 4/5/1922 G. W. Espe Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED MAY 8 1922 BUREAU OF VITAL STATISTICS

MAY 8 - 1922

Boise, Idaho, ... 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rexburg

Street: R. F. D. #2

County: Madison

File Number: 100384

Registration Dist. No. .....

Sex of Child: Girl Female

Date of Birth: April 1 1922

Father: Rudolf Rindlisbacher (Full Name) Mother: [redacted] Bertha Gross (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Thelma Ruth Rindlisbacher

Child's Name in Full

Bertha Rindlisbacher

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

FEB 23 1943 - - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

433-230-033-236

PLACE OF BIRTH

County of Madison

City of Rexburg

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100385

Registration District No. VAL 100 File No. ____

Primary Registration District No. 2178 Registered No. 61

FULL NAME OF CHILD Dorothy Enid McCulloch

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	March 30, 1922

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Orville A. McCulloch	FULL MAIDEN NAME Enid Fay Scow
RESIDENCE Rexburg	RESIDENCE Rexburg
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 19 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Martin

Physician (Physician or midwife)

Address Rexburg

Filed 4/5/ 1922 [illegible] Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Madison } ss.

Certificate No. 100385

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Last Name	McCullock	McCulloch
Mother's Name	Fae Scow	Enid Fay Scow

Subscribed and sworn to before me this 13
day of March, 1944

Notary Public, residing at Rexburg
My commission expires Sept 5-1946
(Seal)

Signed Enid Fay Scow McCulloch
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rexburg Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Madison } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13.
day of March, 1944

Notary Public, residing at Rexburg
My commission expires Sept 5-1946
(Seal)

Signed Orville A. McCulloch
(Signature of Any Credible Person Other Than Previous Year)

Rexburg Idaho
(Street Address, City, State)

MAR 17 1944

331-117-033-96 9

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of ...Madison...

City of ...Sunny dell...

No. ..... St.

Hospital .....

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-8-17

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 100386

Primary Registration District No. 2178 Registered No. 60

FULL NAME OF CHILD ...Wallace Everett Clark...

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Mar. 17 1922

FATHER

FULL NAME: John Wallace Clark

RESIDENCE: Sunny dell

COLOR: White

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Mcnan Bingham Co

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Flocella Pierson

RESIDENCE: Sunny Dell.

COLOR: White

AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Lyman Fremont

OCCUPATION: House wife

Number of child of this mother, including present birth ...2... Number of children of this mother now living, including present birth ...2...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ...born alive at 4 p. m... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ...Mary E. Ann Briggs...

Midwife
(Physician or midwife)

Given names added from a supplemental report.

.....19.....

.....
Registrar

Address ...Thornton Idaho

Filed ...4/8...19...22...

...
Registrar

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
WILD AND THE SAME COMPLETED WIT

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City .....

Street .....

County Madison

File Number 100386

Registration Dist. No. .....

Sex of Child Male

Date of Birth March 17 1922

Father John Wallace Clark (Full Name) Mother Estella Robison Clark (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Wallace Everett Clark.

(Child's Name in Full)

Mrs Estella Clark.

(Signature of Father or Mother)

Send Birth Blank (over)

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are commanded to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

655-124-033-039

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Madison

City of Lyman

No. ..... St.

Hospital .....

Registration District No. 100 File No. 100387

Primary Registration District No. 2178 Registered No. 59

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	March 24 1922

FATHER

FULL NAME: Fredrick weekes

RESIDENCE: Lyman

COLOR: white AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Lyman Fremont Co

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Veda Galbraith McIntire

RESIDENCE: Lyman

COLOR: white AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Lyman Fremont Co

OCCUPATION: house wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6=15 A. m. on March 24 on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margaret Gunn Briggs

Midwife (Physician or midwife)

Address Thornton Idaho R.F.D. 1

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4/8 1922

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

694-118'033-692

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

County of Madison

City of Hibbard

No. — St.

Hospital

Registration District No. 100 File No. 100388

Primary Registration District No. 2178 Registered No. 58

FULL NAME OF CHILD Loin Fisher Widdison

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Mch. (Month) 18 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Abner M. Widdison	FULL MAIDEN NAME	Mary E. Fisher
RESIDENCE	Hibbard, Idaho	RESIDENCE	Hibbard, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Salt Lake City, Utah	BIRTHPLACE	Plano, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A O Martin

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Rexburg Idaho

Filed 4/8 1922 G Vespe Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
MAY 20 1922
BUREAU OF VITAL STATISTICS

MAY - 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rexburg Idaho

Street: R.F.D. # 2

County: Madison

File Number: 100388

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: March 17 192 7.

Father: Abner McRay Widdison (Full Name)

Mother: Mary Ellen Fisher (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lorin Fisher Widdison (LORIN)

Child's Name in Full

Abner M. Widdison Mary E. Widdison

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1480

699-122-033-331

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100389

RECEIVED MAY 3 1922 BUREAU OF VITAL STATISTICS

County of Madison
City of Sugar
No. ..... St. ..... Registration District No. 100 File No. .....
Hospital ..... Primary Registration District No. 2178 Registered No. 105

FULL NAME OF CHILD William Clark Wright
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	4-22-1922

What bacteriedal solution was used in eyes? 2% Mercurochrome

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Robert Alexander Wright	FULL MAIDEN NAME	Ada May Clark
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	South Dakota
OCCUPATION	Plumber	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Lorin F. Peck M.D.
(Physician or midwife)

Address Rexburg Idaho

Filed 4/28 1922 G. W. Cook Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Sugar City

Street: .....

County: Madison Co. Idaho.

File Number: 100389

Registration Dist. No. .....

Date of Birth: April 22 1924

Sex of Child: Male dependent

Father: Robert Wright
Full Name

Mother: Ada May Clark
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

William Clark Wright.
Child's Name in Full

Mr R. A. Wright.
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1469.

814-108-033-862

PLACE OF BIRTH

RECEIVED MAY 3 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg No. ____ St.

Registration District No. 100 File No. 100390

Hospital ____ Primary Registration District No. 2178 Registered No. 104

FULL NAME OF CHILD Hiromi Yamasaki
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	4-8-1922

What bactericidal solution was used in eyes? 2% mercurochrome

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Juiroku Yamasaki	FULL MAIDEN NAME	Yasuyo Yokoyama
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

2 Certified copies 2/24/41

I hereby certify that I attended the birth of this child, who was born alive at 12½ P. M. on the date above stated. (Born alive or stillborn)

1 Photostat copy 1/28/42

(Signature) Lorin F. Rich

Physician
(Physician or midwife)

Address Rexburg, Idaho

Filed 4/10 1922 ____ Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 certified copies issied Feb. 24, 1941. E.W.

MAR 24 1954

MAY 2 1956

1430.

649-209-033-993

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAY 3 1922

County of Madison

City of Sugar

No. ..... St.

Registration District No. 100 File No. 100391

Hospital ..... Primary Registration District No. 2178 Registered No. 103

FULL NAME OF CHILD Joyce Furniss
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth 4-9-1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 2% mercury chrome.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Tobias Furniss	FULL MAIDEN NAME	Lucy Ricks
RESIDENCE	Sugar City.	RESIDENCE	Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Wyoming	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 4:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich

Physician
(Physician or midwife)

Address Rexburg, Idaho

Filed 4/14 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Logan City

Street: .....

County: Madison

File Number: 100391

Registration Dist. No. .....

Date of Birth: April 9 192 2

Sex of Child: Female

Father: Lothair Furniss
Full Name

Mother: Lucy Ricks
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Joyce Furniss
Child's Name in Full

Lothair Furniss
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1471

819-118-033-165

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Madison

City of Salem

No. ..... St.

Hospital .....

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 100392

Primary Registration District No. 2178 Registered No. 102

FULL NAME OF CHILD Cyrus Richard Jerry Harris
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	4-10-1922

What bactericidal solution was used in eyes? 2% mercury chrome

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Milton Cluster Harris	FULL MAIDEN NAME	Bertha Jones
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 2:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin L. Rich

Physician
(Physician or midwife)

Address Rexburg, Idaho

Filed 4/14 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of IDAHO
County of CANYON } ss.

SEP - 6 1941

Certificate No. 100392
Date Filed Sept 4 1941

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Cyrus Richard Jerry Harris (Name on original certificate) who born (Was born or died) April 10 on (Date of event) 1922
in Salem, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name to be added to record	None given	Cyrus Richard Jerry Harris

Thomas Daugherty

Subscribed and sworn to before me this 4th day of September, 1941

Notary Public, residing at Wilder, Idaho.
My commission expires October 5, 1944.
[SEAL]

Signed Bertha Harris
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person) parent.
Wilder, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of IDAHO
County of Canyon } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of September, 1941

Thomas Daugherty

Notary Public, residing at Wilder, Idaho
My commission expires October 5th, 194..
[SEAL]

Signed Lyle Harris
(Signature of any credible person other than the previous affiant)
Wilder Idaho R.F.D. #2
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

APR 2 3 1974

1472 962-214-033-413

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

MAY 3 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELF
BUREAU OF VITAL STATISTICS
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100

County of Madison
City of Sugar
No. ..... St.
Hospital .....

Registration District No. 100
Primary Registration District No. 2178
File No. .....
Registered No. 101

FULL NAME OF CHILD Lillie Fredra Roberts
(Certificate of no value without full name of child.)

Sex of Child: Female
Twin / Triplet or other? and Number in order of birth
(To be answered only in event of plural births)
Legitimate? Yes
Date of birth 4-14 (Month) (Day)

What bactericidal solution was used in eyes? 2% Mercurochrome

Number of child of this mother, including present birth 5
Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Henry Carl Roberts	FULL MAIDEN NAME	Lillie Freda Dale
RESIDENCE	Sugar City	RESIDENCE	Sugar City, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 7 lbs P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich
Physician
(Physician or midwife)

Address Rexburg, Idaho

Filed 4/17 1922

Give names added from a supplemental report.

....., 19.....

Registrar.

Registrar.

2-26-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 12 1971
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 100393

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Roberts (Name on Original Certificate) who was born (Was Born or Died) on April 14, 1922 (Date of Event) in Sugar City, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Omitted	Lillie Fredra Roberts

Subscribed and sworn to before me this 5 day of March, 1971

Nellie H. Garner by Joyce B. Smith Dep

~~Notary Public, residing at~~ Clerk of Dist. Court

~~My commission expires~~

(Seal)

Signed Adline Curtis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Correction Corresp. (R)

Church Record from Ward Clerk, Sugar-Ward, Rexburg North Stake, Don C. Virgin states that Lillie Fredra Roberts was born April 14, 1922 at Sugar City, Idaho. Blessed May 7, 1922 and Baptized May 3, 1930.
Viewed by V.S.

MAR 15 1971

School Record issued by Sugar City Grade School Gives name as Fredra Roberts born April 14, 1922 at Sugar City, Idaho. Fath3e Ne= Father - Henry Roberts. Date of Entrance Sept. 3, 1928.
Viewed by V.S.

1473

819-211-033-412

PLACE OF BIRTH

County of Madison

City of Teton

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registered No. 100 File No. 100394

Primary Registration District No. 2178 Registered No. 100

FULL NAME OF CHILD Gay Harrison

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	4-11-1922

What bacteriocidal solution was used in eyes? 2% Solution Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Taylor Archie Harrison	FULL MAIDEN NAME	Grace Lucile Mason
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 9:45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Peck, Physician

(Physician or midwife)

Address Rexburg, Idaho

Filed 4-15 1922 W. W. Cook, Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Teton City
- Street: ——
- County: Fremont

File Number: 100394

Registration Dist. No.: ……

Sex of Child: Female

Date of Birth: Apr 11th 1922.

Father: Taylor Archie Harrison
Full Name

Mother: Grace Lucille Mason
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Gay Harrison
Child's Name in Full

T. A. Harrison
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1475

214-112-033-253

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Independence

No. ..... St.

Registration District No. 100 File No. 100395

Hospital ..... Primary Registration District No. 2178 Registered No. 99

FULL NAME OF CHILD John Douglas Kauer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	4-12-1922

What bactericidal solution was used in eyes? 2% mercury chrome

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	Fred Kauer	FULL MAIDEN NAME	Rosa Beck
RESIDENCE	Burton, Idaho	RESIDENCE	Burton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Switzerland	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 1:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich.

Physician
(Physician or midwife)

Address Rexburg, Idaho

Filed 4/15 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

MAY 8 - 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rexburg

Street: A. & D. 1

County: Madison

File Number: 100395

Registration Dist. No.: 43

Sex of Child: Male

Date of Birth: April 12 192 2

Father: Fred Hanes (Full Name)

Mother: Rosa Beck (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

John Douglas Hanes (Child's Name in Full)

Fred Hanes (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

A74

284-112-033-855

PLACE OF BIRTH

RECEIVED
MAY 3 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar City

No. ..... St.

Hospital .....

Registration District No. 100 File No. 100396

Primary Registration District No. 2178 Registered No. 98

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	4-12-1922

What bactericidal solution was used in eyes? 2% Mercury Chloride

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Whitney Napoleon Squires	FULL MAIDEN NAME	Harriet Della Hendricks
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorine L. Rich

Physician (Physician or midwife)

Address Rexburg, Idaho

Filed 4/15 1922 G. V. Espe Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1476 652-113-033-962

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

RECEIVED MAY 3 19.. BUREAU OF VITAL STATISTICS

Registration District No. 100 File No. 100397

Primary Registration District No. 2178 Registered No. 97

FULL NAME OF CHILD Walter Raymond West
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) 4 (Day) 13 (Year) 1922
Male		yes	

What bactericidal solution was used in eyes? 2 % h

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Walter Raymond West	FULL MAIDEN NAME	Addie Roberts
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Medical Student	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Louis F. Rich

Physician
(Physician or midwife)

Address Rexburg, Idaho

Filed 4/16 1922 [signature] Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SH.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital im
ance to have the full name included in the record. Kindly fill in the information requested in the blank
and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS

Place of Birth — City: Sugar

File Number: 100397

Street:

Registration Dist. No.:

County: Madison

Sex of Child: Male

Date of Birth: April 13 19

Father: Walter Raymond West (Full Name)

Mother: Addie Roberts (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Walter Raymond West Jr.
Child's Name in Full

Mrs. W. W. West
Signature of Father or Mother

- - - - - - - - - - -

irth registration is part of every child's birthright.

t establishes legally the date of the child's birth, parentage timacy.

It enables the Public Health Nurse to make sure the child has tected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

- The correct age for purposes of school attendance.
- Employment.
- Protection under the law.
- Military and jury duty.
- Right to travel unmolested in foreign lands.
- Right to vote.
- Right to receive pensions and inherit property.
- Furnishes acceptable evidence of genealogy.
- Right to get married.

Just at this time while many of the Ex-Service men are com- o furnish certified copies of certificates of birth, it is im- that the certificates be filed with the BUREAU OF VITAL STATIS- the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1477 251-116-033-155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Burton

No. ..... St.

Hospital .....

Registration District No. 100 File No. 100398

Primary Registration District No. 2178 Registered No. 96

FULL NAME OF CHILD Frank Russell Beattie
(Certificate of no value without full name of child.)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth 4-16-1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 2% mercury chrome

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Frank H. Beattie	FULL MAIDEN NAME	Myrtle Jensen
RESIDENCE	Burton	RESIDENCE	Burton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 12 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich

Physician
(Physician or midwife)

Address Rexburg, Idaho

Filed 5/1 1922 G. Keck
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

MAY 31 192[illegible]

BUREAU OF VITAL STATISTICS

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rexburg

Street: .....

County: Madison

File Number: 100398

Registration Dist. No.: 6

Sex of Child: Male

Date of Birth: April 16, 1922

Father: Frank Holland Beattie (Full Name)

Mother: Myrtle Jensen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Frank Russell Beattie (Child's Name in Full)

Frank H. Beattie (Signature of Father or Mother)

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1478

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH
132-116-033-193

County of Madison
City of Rexburg
No. 254 W. 1st S. St.
Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 100399
Primary Registration District No. 1478 Registered No. 95

FULL NAME OF CHILD John Gilbert Atkinson
(Certificate of no value without full name of child.)

Sex of Child: Male
Twin, Triplet or other? and Number in order of birth
(To be answered only in event of plural births)
Legitimate? yes
Date of birth: 4 (Month) 16 (Day) 1922 (Year)

What bactericidal solution was used in eyes? 2% Mercurochrome

Number of child of this mother, including present birth: 4
Number of child of this mother now living, including present birth: 2

FATHER		MOTHER	
FULL NAME	John N. Atkinson	FULL MAIDEN NAME	Jessie Archibald
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lonie F. Rich
Physician
(Physician or midwife)
Address Rexburg, Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 4/19 1922
Registrar.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Roxbury

File Number: 100399

Street:

Registration Dist. No.:

County: Madison

Date of Birth: Apr. 16 1922.

Sex of Child: Female

Father: John M. Atkinson (Full Name)

Mother: Jessie Atkinson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

John A. Atkinson

Child's Name in Full

John M. Atkinson

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

1479

493-218-033-294

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100400

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 19

FULL NAME OF CHILD Minona Ellen Miller

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	4-18-1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	George Miller	FULL MAIDEN NAME	Ada Louise Kidd
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lorin F. Rich

Physician

(Physician or midwife)

Address Rexburg, Idaho

Filed 4/20 1922 [illegible]

Registrar.

Give names added from a supplemental report.

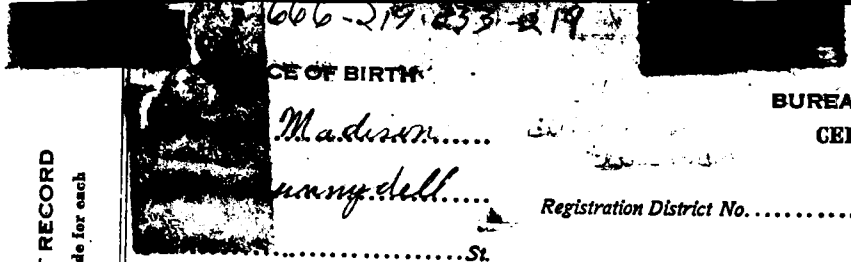
....., 19.....

.....

Registrar.

AUG 13 1959

666-219-233-219



CE OF BIRTH

Madison

Sunnydell

St.

Hospital

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 100401

Primary Registration District No. 2178 Registered No. 93

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	April 19 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Woolsey	FULL MAIDEN NAME	Mary Ann Barker
RESIDENCE	Sunnydell Idaho	RESIDENCE	Sunnydell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Millard Co. Utah.	BIRTHPLACE	Menan Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11-55 p.m. at 1922 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margaret Ann Briggs
Midwife
(Physician or midwife)

Given names added from a supplemental report.

19

Address Thornton, Idaho

Registrar

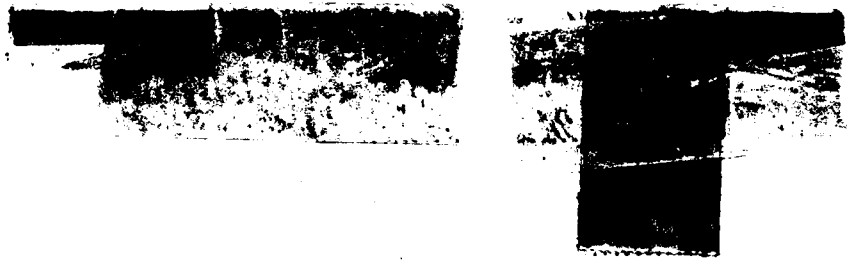
Filed 4/21 1922

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Form V. S. No. 11-C—25m-7-21-19

[redacted] BIRTH

719-204-234-669

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Heyburn

Registration District No. 19 File No. 100402

No. ..... St.

Primary Registration District No. 2015 Registered No. 1

Hospital .....

FULL NAME OF CHILD Theora Dorothy Gardner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb. (Month) 4 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	William Gardner	FULL MAIDEN NAME	Edith Workman
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Cherry Creek, Nevada
OCCUPATION	Sheepshearer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dorothy Rich

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed 4-10 1922 E H Elmore Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted]

JAN 25 1943

619.116 · C 34-389

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Heyburn

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

Registration District No. 19 File No. 100403

Primary Registration District No. 2015 Registered No. 2

FULL NAME OF CHILD Male Warner.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb. 16 1922

FATHER		MOTHER	
FULL NAME	Walace DeLoss Warner	FULL MAIDEN NAME	Olive Victoria Christensen
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Coyote Utah	BIRTHPLACE	St. David Arizona
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5:00 P.M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Rich

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 4 — 10 1922 E. W. Elmore

Registrar

866-118-034-696

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 100406

Primary Registration District No. 2015 Registered No. 5

FULL NAME OF CHILD Teddie Ray Hoopes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Jan 18 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ben Hoopes	FULL MAIDEN NAME	May Fifield
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 0 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groom

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rupert Ida

Filed 4-10 1922 E. H. Elmore

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT

RECEIVED
MAY 12 1922
BUREAU OF VITAL
STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

[redacted] 8 - 1922

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Rupert Idaho; Street Maple Forth; County Minidoka

File Number 100406

Registration Dist. No. 18

Sex of Child Male

Date of Birth Jan 18 [redacted] 192...

Father Ben Hooper (Full Name)

Mother Mary Hooper (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Teddie Ray Hooper (Child's Name in Full)

Ben Hooper (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

613.205-034-554

name added 4-19-83

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 100408

No. ..... St.

Primary Registration District No. 2015 Registered No. 7

Hospital .....

FULL NAME OF CHILD Ellen Lenore Watts

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				Yes	Jan 5 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Louis A Watts	Ira Evans
RESIDENCE	Rupert	Rupert
COLOR / AGE AT LAST BIRTHDAY (Years)	White 38	White 34
BIRTHPLACE	Utah	Utah
OCCUPATION	Shepherman	Housewife

Number of child of this mother including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C. P. Graves

(Physician or midwife)

Address Rupert Idaho

Filed 4-10 1922 E. W. Elmore Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-7-83

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of CALIFORNIA
County of SACRAMENTO } ss.

APR 18 1 29 PM '83

Certificate No. 100408
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Watt (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan 5, 1922 (Date of Event)

in Rupert (Minidoka) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Ellen Lenore Watts

Subscribed and sworn to before me this 15TH day of APRIL 1983.

Notary Public, Donald D. Mysell

Residing at 731 K STREET, SACRAMENTO, CA

My commission expires MAY 6, 1983

OFFICIAL SEAL
DONALD D. MYSELL
NOTARY PUBLIC — CALIFORNIA
SACRAMENTO COUNTY
My Commission Expires May 6, 1983

Ellen Lenore Watts Manic
Signature of Applicant

706 Roundtree Court Sac Calif
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ___)

State of
County of } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15TH day of APRIL 1983.

Notary Public, Donald D. Mysell

Residing at 731 K STREET, SACRAMENTO, CA.

My commission expires MAY 6, 1983

DONALD D. HYSELL
NOTARY PUBLIC — CALIFORNIA
SACRAMENTO COUNTY
My Commission Expires May 6, 1983

Supporting Signature

706 Roundtree Court Sac Ca 95831
Street Address, City, State

Affidavit of Birth gives Ellen Lenore Watts born Jan 5, 1922 at Rupert, fathers name Louis A Watts and mothers maiden name Ive Evans. Document dated June 5, 1977. Viewed by V.S.

APR 19 1983

Hospital record gives Ellen Lenore Manic was admitted 4-2-73 to Sutter Community Hospital in Sacramento, California. Viewed by V.S.

689-219-034-356

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert Registration District No. 14 File No. 100409

No. ..... St.

Primary Registration District No. 2013 Registered No. 8

Hospital .....

FULL NAME OF CHILD TESS WHITING

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				Yes	Jan 19 1922

FATHER		MOTHER	
FULL NAME	Ray Whiting	FULL MAIDEN NAME	Lula Lewellyn
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

(Signature) C. P. Groome

(Physician or midwife)

Address Rupert Idaho

Filed 4-10 1922 E. H. Elmore Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Minidoka } ss.

Certificate No. 100409

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for unnamed whiting (Name on Original Certificate) who Born (Was Born or Died) on Jan. 1921 (Date of Event)
in Rupert Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on January 1921 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Tess Whiting

Subscribed and sworn to before me this 19
day of Oct, 1942
A B Reynolds
Notary Public, residing at Rupert Idaho
My commission expires Feb. 9 - 1946
(Seal)

Signed Susie Whiting
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Minidoka } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19
day of Oct, 1942
A B Reynolds
Notary Public, residing at Rupert Idaho
My commission expires Feb. 9 1946
(Seal)

Signed Genile Jensen
(Signature of Any Credible Person Other Than Previous Year)

Rupert Idaho
(Street Address, City, State)

OCT 22 1942

396-131-034-269

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

RECEIVED
APR 8 1922
BUREAU OF

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 100410

No. ..... St.

Primary Registration District No. 2015 Registered No. 9

Hospital .....

FULL NAME OF CHILD Herbert Roland Crockett

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				Yes	Jun 31 1922

FATHER		MOTHER	
FULL NAME	Thomas Crockett	FULL MAIDEN NAME	Hazel Poindexter
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Kentucky	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A.-M. on the date above stated.

(Signature) C. P. Groom

Physician (Physician or midwife)

Address .....

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 4-10 1922 E. V. Elmore

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Paul

Place of Birth — Street: .....

Place of Birth — County: Minidoka

File Number: 100410

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: January 31 192 2

Father: William Thomas Crockett (Full Name)

Mother: Hazel Poindexter (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Herbert Roland Crockett
Child's Name in Full

Mrs. Hazel Crockett
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

693-117-034-884

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Minidoka

RECEIVED
APR 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Rupert

Registration District No. 19 File No. 100411

No. ..... St.

Primary Registration District No. 2015 Registered No. 10

Hospital .....

FULL NAME OF CHILD Royal Hyde Wilde

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			3 (Month) 17 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Leonard R Wilde	FULL MAIDEN NAME	Marinda E Hyde
RESIDENCE	Rupert Idaho	RESIDENCE	Rupert Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	W Yaming	BIRTHPLACE	W Yaming
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Groome

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert Idaho

Filed 4 - 10 1922 E H Elmore
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS IRTH
FILED FOR EACH CHILD AND TI..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rupert

Street:

County: Minnedoka

File Number: 100411

Registration Dist. No.:

Date of Birth: March 17 1922

Sex of Child: Male

Father: Leonard Ray Wilde (Full Name)

Mother: Marinda Elvira Hyde (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Royal Hyde Wilde (Child's Name in Full)

Leonard Ray Wilde (Signature of Father or Mother)

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

795-102-034-595

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Minidoka

City of Paul

RECEIVED

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 100412

No. ..... St.

Primary Registration District No. 2015 Registered No. 11

Hospital .....

FULL NAME OF CHILD Derald Lorenzo Green

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	3 (Month) 2 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	J. Davis Green	FULL MAIDEN NAME	Hannah Nielsen
RESIDENCE	Paul Idaho	RESIDENCE	Paul Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 30 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Groom
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 4-10 1922 E. H. Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CIA
PARTMENT

TATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAY 9 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Paul

Street: .....

County: Minidoka

File Number: 100412

Registration Dist. No. .....

Date of Birth: May 2 192 2

Sex of Child: Male

Father: G. Davis Green
Full Name

Mother: Hannah S. Nielsen
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Derald Lavar Green
Child's Name in Full

G. Davis Green
Signature of Father or Mother

NOV 27 1944

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

653-12-034-396

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Minidoka

RECEIVED APR 21 1922

CERTIFICATE OF BIRTH

City of Paul Idaho

Registration District No. 19 File No. 100413

No. ..... St.

Primary Registration District No. 2015 Registered No. 12

Hospital .....

FULL NAME OF CHILD Rex C Wells

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	2 (Month) 12 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Alma H Wells	FULL MAIDEN NAME	Edith Jones
RESIDENCE	Paul Idaho	RESIDENCE	Paul Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S P Groom

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 4-10 1922 E H Elmore Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1945
1 1 1942
EVE

Boise, Idaho, ... 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Paul

Street: Idaho

County: Minidoka

File Number: 100413

Registration Dist. No. .....

Date of Birth: Feb 12 1922

Sex of Child: Male

Father: Alma Hiram Wells (Full Name)

Mother: Edith Conner (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Rex C. Wells

Child's Name in Full

Alma Wells and Edith Wells

Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

692-209-034-331

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100415

County of Minidoka

City of Rupert

Registration District No. 19 File No. 100415

No. ..... St.

Primary Registration District No. 2015 Registered No. 14

Hospital .....

FULL NAME OF CHILD Maureen Fisk

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	2 (Month) 9 (Day) 19 22 (Year)

FATHER		MOTHER	
FULL NAME	Lelbert Fisk	FULL MAIDEN NAME	Mary Clark
RESIDENCE	Rupert Idaho	RESIDENCE	Rupert Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Groom

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19 ....

Registrar

Address .....

Filed 4-10 1922 Ett Elmore Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 27 1941

695-214-034-914

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED APR ... BUREAU

County of Minidoka

CERTIFICATE OF BIRTH

City of Rupert

Registration District No. 19 File No. 100416

No. ..... St.

Primary Registration District No. 2015 Registered No. 15

Hospital .....

FULL NAME OF CHILD Irene Anna Freiberger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	2 (Month) 14 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Frank Freiberger	FULL MAIDEN NAME	Lizzy Rausch
RESIDENCE	Rupert Idaho	RESIDENCE	Rupert Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Indiana
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Groome

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 4-10 1922 E H Elmore Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 10 1975

318 119.034-814

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

County of Minidoka

City of Paul

Registration District No. 19 File No. 100417

No. ..... St.

Primary Registration District No. 2015 Registered No. 16

Hospital .....

FULL NAME OF CHILD Vee La Var Taylor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			2 (Month) 19 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME A. Ursal Taylor	FULL MAIDEN NAME Radu Hammon Hammock
RESIDENCE Paul Idaho	RESIDENCE Paul Idaho
COLOR White AGE AT LAST BIRTHDAY 32 (Years)	COLOR White AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Groan
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 4 — 10 1922 E. H. Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
MAY 17 1922
BUREAU OF VITAL
STATISTICS

Boise, Idaho, MAY 8 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Paul

Place of Birth — Street: _____

Place of Birth — County: Minedoka

File Number: 100417

Registration Dist. No. _____

Sex of Child: Male

Date of Birth: Feb. 19 1922.

Father: Alex Ursel Taylor
Full Name

Mother: Rhoda L. Hammon
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Vee Lu Var Taylor
Child's Name in Full

Mrs. Rhoda Taylor
Signature of Father or Mother

DEC 29 1941

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

495-204-034-681

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Minidoka RECEIVED APR

CERTIFICATE OF BIRTH

City of Rupert

Registration District No. 19 File No. 100418

No. St.

Primary Registration District No. 2015 Registered No. 17

Hospital

FULL NAME OF CHILD Margaret Lee Cretta Dieckman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	3 4 1922

FATHER	MOTHER
FULL NAME Adolph Ray Dieckman	FULL MAIDEN NAME Estella L. Bryant
RESIDENCE Rupert Idaho	RESIDENCE Rupert Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was dead, at M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O P Graam

P Phy
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 4-10 1922 E V Elmore
Registrar

MAR 7 1944

413-217-034-751

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 100419

Primary Registration District No. 2015 Registered No. 18

FULL NAME OF CHILD Dawn Mallet

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Jan. (Month) 17" (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Francis John Mallet	FULL MAIDEN NAME	Sophronia Peart
RESIDENCE	Rupert Idaho	RESIDENCE	Rupert, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 50 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rupert, Idaho

Filed 4-10 1922 Ett Elmore Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

735-213-034-413

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Minidoka

RECEIVED
APR. [illegible]
BUR[illegible]
STA[illegible]

CERTIFICATE OF BIRTH

100420

City of R.F.D Rupert

Registration District No. 19 File No.

No. St.

Primary Registration District No. 2015 Registered No. 19

Hospital

FULL NAME OF CHILD Barrie Pledger

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Jan 13 1922

FATHER		MOTHER	
FULL NAME	Harry Wm Pledger	FULL MAIDEN NAME	Mary Lucille Matthews
RESIDENCE	R.F.D Rupert, Idaho	RESIDENCE	R.F.D Rupert Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	London, England	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2-50 P. M. on the date above stated.

(Signature) Leland Frazier
Physician
(Physician or midwife)

Address Rupert, Idaho

Filed 4-10 1922 O. O. Elmore
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S93221-034-214

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of R.F.D. Rupert Registration District No. 19 File No. 100421

No. ..... St.

Primary Registration District No. 2013 Registered No. 20

Hospital .....

FULL NAME OF CHILD Esther Elnora Eilers

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Jan 21st 1922

FATHER		MOTHER	
FULL NAME	John George Eilers	FULL MAIDEN NAME	Lottie Sadler
RESIDENCE	Minidoka Co, Idaho	RESIDENCE	Minidoka Co, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	57 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7.35 P M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) Leland Frazin
Physician
(Physician or midwife)

Address Rupert, Idaho

Filed 4-10 1922 E. O. Elmore
Registrar

STATE

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED JUN 12 BUREAU OF VITAL STATISTICS

Boise, Idaho, MAY 8 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rupert; Street: ; County: Minidoka

File Number: 100421

Registration Dist. No.:

Sex of Child: Female

Date of Birth: Jan 21 192 2

Father: John Eilers (Full Name)

Mother: Lothie Sadler (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Esther Elnora Eilers
Child's Name in Full

Lothie Eilers
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

269-226-034-884

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 100423

No. ..... St.

Primary Registration District No. 2015 Registered No. 22

Hospital .....

FULL NAME OF CHILD Leota Sorensen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female					3 26 1922

FATHER		MOTHER	
FULL NAME	Rauncey Sorensen	FULL MAIDEN NAME	Cora Hyde
RESIDENCE	Rupert Idaho	RESIDENCE	Rupert Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Wyoming
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 4 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Groom
Phy
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 4-10 1922 Ett Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 8 1987

415-225-034-632

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED APR 21 1922 BUREAU OF VITAL

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 100424

No. ..... St.

Primary Registration District No. 2013 Registered No. 23

Hospital .....

FULL NAME OF CHILD Helen Bernice Davidson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	3 (Month) 25 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Wm H Davidson	FULL MAIDEN NAME	Agnes Olsen
RESIDENCE	Rupert Idaho	RESIDENCE	Rupert Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Groom

Phy
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 4-10 1922 E H Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

VITAL

Boise, Idaho, MAY 8 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rupert; Street: ; County: Cassia

File Number 100424

Registration Dist. No. .....

Date of Birth Mar. 25 1922

Sex of Child: Female

Father: William Hans Davidson (Full Name)

Mother: Agnes Olson Davidson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Helen Burniece Davidson
Child's Name in Full

Mrs. Wm Davidson
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

5/7/41 Z.J.

764-228-034-269

Form V. S. No. 11-C—25m-7-21-19.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL

County of Minidoka

CERTIFICATE OF BIRTH

City of Rupert

Registration District No. 19 File No. 100425

No. ..... St.

Primary Registration District No. 2015 Registered No. 24

Hospital .....

FULL NAME OF CHILD Eu-Vada Paulsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			3 (Month) 28 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME Lorenzo H Paulsen	FULL MAIDEN NAME Selma Sarensen
RESIDENCE Rupert Ida	RESIDENCE Rupert Ida
COLOR White AGE AT LAST BIRTHDAY 34 (Years)	COLOR White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Groom

Phy.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 4-10 1922 E H Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH S
ED FOR EACH CHILD AND THE SAME COMPLETED

DECEASED

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rupert

Street: General Delivery

County: Minidoka

File Number: 100425

Registration Dist. No.:

Sex of Child: Female

Date of Birth: March 28 1922

Father: Lorenzo Jorge Poulsen
Full Name

Mother: Selma Christina Sor
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Eva-Vada Poulsen.
Child's Name in Full

Mrs L. L. Poulsen.
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

418-115-034-855

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 100426

No. ..... St.

Primary Registration District No. 2015 Registered No. 25

Hospital .....

FULL NAME OF CHILD Kenneth Day

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	3 (Month) 15 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Riley Day	FULL MAIDEN NAME	Florence Henderson
RESIDENCE	Rupert Idaho	RESIDENCE	Rupert Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Groan
Phy
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 4-10 1922 E H Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATISTICS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Rupert
- Street: C Beekman 6-18
- County: Minidoka

File Number: 100426

Registration Dist. No.: 1

Date of Birth: March 15th 1922

Sex of Child: Male

Father: Riley E. Day
Full Name

Mother: Florence C Henderson
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Kenneth Day
Child's Name in Full

Mrs. Riley Day
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

449-108-034-814

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF [illegible]
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Mendoka

City of Rupert

Registration District No. 19 File No. 100427

No. ..... St.

Primary Registration District No. 2015 Registered No. 26

Hospital .....

FULL NAME OF CHILD James Howard Murdock

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	3 (Month) / 8 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Brigham Murdock	FULL MAIDEN NAME	Martha Hanman
RESIDENCE	Rupert Ida	RESIDENCE	Rupert Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher &	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. P. Groom
Phy
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 4-10 1922 E. H. Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

ACI

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Rupert; Street; County Minidoka

File Number 100427

Registration Dist. No.

Sex of Child Male

Date of Birth March 8 1922

Father Brigham Murdoch
Full Name

Mother Martha Luann Hammon
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

James Howard Murdoch
Child's Name in Full

e have moved from Rupert Martha L. Murdoch
Signature of Father or Mother

mmond Idaho
ofys Birth
M. L. M.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parc and legitimacy.

It enables the Public Health Nurse to make sure the chil been protected from danger of blindness and other infections at l

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men ar pelled to furnish certified copies of certificates of birth, it portant that the certificates be filed with the BUREAU OF VITAL TICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

785-129-034-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 2[illegible] 1922
STATE [illegible]

CERTIFICATE OF BIRTH

County of Minidoka

City of Heyburn

No. ..... St.

Hospital .....

Registration District No. 19 File No. 100428

Primary Registration District No. 2015 Registered No. 27

FULL NAME OF CHILD Dewey Phelan
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—		—	Yes	Jan 29 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1% Ag No. 3

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Sidney C. Phelan	FULL MAIDEN NAME	Pearl Smith
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	Wt	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Ark	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Hwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F H Cullen
M.D.
(Physician or midwife)

Address Burley Ida

Filed 4-10 1922 E H Elmore
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] 7542

469-112-034-235

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
APR 1 - 1922
BUREAU OF VITAL STA

100431

County of Minidoka

City of Rupert

Registration District No. 19

File No.

No. ..... St.

Primary Registration District No. 2013

Registered No. 30

Hospital .....

FULL NAME OF CHILD Clifford Frank Morris

Sex of Child Boy

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth 3 (Month) - 12 (Day) 1922 (Year)

FATHER

FULL NAME Harvey Morris

RESIDENCE Rupert

COLOR White

AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE E Utah

OCCUPATION Gas man

MOTHER

FULL MAIDEN NAME Cora Stevenson

RESIDENCE Rupert

COLOR White

AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Colo

OCCUPATION Housewife

Number of children of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 9 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kennedy

Physician

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 4 - 10 1922 E R Elmore

Registrar

STATE OF UTAH

CEIVED
1922
VITAL

TE OF IDAHO

OF PUBLIC WELFARE

Boise, Idaho, MAY 8 - 1922 192...

ar Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importce to have the full name included in the record. Kindly fill in the information requested in the blank below d return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

---

lace of irth — City: Rupert; Street: ; County:

File Number 100431

Registration Dist. No.

Date of Birth March 12 192 2

ex of Child Male

ather Harvey H Morris (Full Name)

Mother Cora Stevenson (Full Maiden Name)

HEREBY CERTIFY that the child described herein has been named:

Clifford Franc Morris
Child's Name in Full

Mrs H H Morris
Signature of Father or Mother

APR 4 1957

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SH(
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE I

- - - - - - - - - - -

Birth registration is part of every child's birthr

It establishes legally the date of the child's bir
and legitimacy.

It enables the Public Health Nurse to make sure
been protected from danger of blindness and other infecti

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - -

1. The correct age for purposes of school attenda
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service m
pelled to furnish certified copies of certificates of birth
portant that the certificates be filed with the BUREAU OF V
TICS and the same completed by furnishing the name of the c

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHI

344-231-034-466

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 2 1922
BUREAU

CERTIFICATE OF BIRTH

100432

County of Minidoka
City of Rupert
No. ..... St.
Hospital .....

Registration District No. 79 File No. .....
Primary Registration District No. 2015 Registered No. 31

FULL NAME OF CHILD Virginia Gay Livingston
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Girl	1		4	yes	3	31	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Ag NO 3 2%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Wallace Livingston	FULL MAIDEN NAME	Ida Downs
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Nephi Utah
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fayre Kenagy MD.
(Physician or midwife)

Address Rupert Ida

Filed 4-10 1922 Ett Elmore
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAY 25 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

MAY 8 - 1922

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City ..... Rupert Idaho

Place of Birth — Street .....

Place of Birth — County .....

File Number 100432

Registration Dist. No. .....

Date of Birth ... March 31th .....1922.

Sex of Child..... Female .....

Father .... Wallace Livingston (Full Name) Mother .... Ida Downs (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

..... Virginia Gay Livingston .....
Child's Name in Full

Ida Livingston .....
Signature of Father or Mother

APR 27 1965

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

719-231-034-295

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Registrar's District No. 19 File No. 100434

Hospital ..... Primary Registration District No. 2014 Registered No. 33

FULL NAME OF CHILD Blaudia Garrard
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Mar. 31st 1922

What bactericidal solution was used in eyes? Argyrol 25 % Sol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Archie Garrard	FULL MAIDEN NAME	Ouida Bingham
RESIDENCE	Rupert, Idaho	RESIDENCE	Rupert, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Life Insurance Solicitor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier
Physician
(Physician or midwife)

Address Rupert, Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 4-10 1922 E. H. Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 26 1949

795-19-034-666

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Minidoka

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Minidoka Gam

Registration District No. 19 File No. 100435

No. ..... St.

Primary Registration District No. 2015 Registered No. 34

Hospital .....

FULL NAME OF CHILD Harry Arthur Pinson

Sex of Child male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth March 1st 1922 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Luther Pinson	FULL MAIDEN NAME Nina Mildred Wood
RESIDENCE P.O. Rupert Minidoka Co. Idaho	RESIDENCE P.O. Rupert, Minidoka Co. Ida
COLOR white AGE AT LAST BIRTHDAY 33 (Years)	COLOR White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE W. Va	BIRTHPLACE Idaho
OCCUPATION Oiler at Power House	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn), at 2:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rupert Idaho

Registrar

Filed 4 10 1922 E. H. Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 1 1945

235-115-034-319

PLACE OF BIRTH

RECEIVED
APR [illegible] 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of R.F.D. Rupert

No. ..... St.

Registration District No. 19 File No. 100436

Hospital .....

Primary Registration District No. 2015 Registered No. 35

FULL NAME OF CHILD Arthur Junior Stephens
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	March 15, 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Arthur Dell Stephens	FULL MAIDEN NAME	Janet Hazel Cunningtons
RESIDENCE	Cassia Co. R.F.D. Rupert	RESIDENCE	Cassia Co. R.F.D. Rupert
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mo.	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier
Physician
(Physician or midwife)

Address Rupert, Idaho.

Filed 4-10 1922 E. H. Elmore
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/7/41. w.h.

154-209-034-689

PLACE OF BIRTH

RECEIVED
APR [illegible] 1922
BUREAU [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of R.F.D. Rupert

No. ..... St.

Registration District No. 19 File No. 100437

Hospital .....

Primary Registration District No. 2015 Registered No. 36

FULL NAME OF CHILD Orsellen Andrews
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	March 9th 1922

What bactericidal solution was used in eyes? Argyrol 20 %

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Edgar James Andrews	FULL MAIDEN NAME	Stella S. Whipple
RESIDENCE	Minidoka Co Idaho	RESIDENCE	Minidoka Co. Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Ohio	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9.00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Rupert, Idaho

Filed 4-10 1922 E. B. Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 27, 1940. E.W.

DEC 10 1971

296-107.034-533

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 21 1922

CERTIFICATE OF BIRTH

100438

County of Minidoka

City of Acequia

No. ..... St.

Registration District No. 19 File No. .....

Hospital ..... Primary Registration District No. 2015 Registered No. 37

FULL NAME OF CHILD John Brockie
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Mar 7th 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Robert Brockie	FULL MAIDEN NAME	Helen Abigail Ellsworth
RESIDENCE	Muldoon Idaho	RESIDENCE	Muldoon, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Scotland	BIRTHPLACE	Colorado
OCCUPATION	Stockman	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5-40 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Rupert Idaho

Filed 4-10 1922 E. H. Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-105-034-465

RECEIVED
APR 2 1922
BUREAU

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 100439

Primary Registration District No. 2015 Registered No. 38

FULL NAME OF CHILD Gerald Veren Wilson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Mar. 5 1922

What bactericidal solution was used in eyes? Argyrol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Veren Dorsey Wilson	FULL MAIDEN NAME	Anna Pearl Mancur
RESIDENCE	Rupert Idaho	RESIDENCE	Rupert Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8.00 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier

Physician
(Physician or midwife)

Address Rupert Idaho

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed 4-10 1922 E. H. Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 3/1 [illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Rupert
- Street:
- County: Cassia

File Number: 100439

Registration Dist. No.:

Date of Birth: March 5 1922

Sex of Child: Male

Father: Veren Darcy Wilson
Full Name

Mother: Anna Pearl Moncur
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Gerald Veren Wilson
Child's Name in Full

Mrs. Veren D. Wilson
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

319-216-034-614

PLACE OF BIRTH

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert, R F D

No. ..... St.

Hospital .....

Registration District No. 19 File No. 100440

Primary Registration District No. 2015 Registered No. 39

FULL NAME OF CHILD Carrie Elizabeth Cardon
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Mar 16" 1922

What bactericidal solution was used in eyes? Argyrol 25% Sol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Ernest Wm Cardon	FULL MAIDEN NAME	Eva Wadsworth
RESIDENCE	McCammon Ida	RESIDENCE	McCammon, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:25 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier
Physician
(Physician or midwife)

Address Rupert, Idaho.

Filed 4-10 1922 E H Ehmon
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

451-224-034-356

PLACE OF BIRTH

RECEIVED
APR 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ____ St.

Registration District No. 19 File No. 100441

Hospital ____ Primary Registration District No. 2013 Registered No. 40

FULL NAME OF CHILD Jean Lewis Mead
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Mar 24 1922

What bactericidal solution was used in eyes? Argyrol 25% Sol

Number of child of this mother, including present birth. 2 Number of child of this mother now living, including present birth. 2

FATHER		MOTHER	
FULL NAME	John Gordon Mead	FULL MAIDEN NAME	Dena Lewis
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Minnesota	BIRTHPLACE	Illinois
OCCUPATION	Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Leland Frazier
Physician
(Physician or midwife)

Address Rupert Idaho

Filed 4-10 1922 E M Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 4 1942

962-226-034-465

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 1 1922

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ____ St.

Hospital

Registration District No. 19 File No. 100442

Primary Registration District No. 2013 Registered No. 41

FULL NAME OF CHILD Shirley ~~Ann~~ CORRINE Ross

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Mar 26 1922

What bactericidal solution was used in eyes? Argyrol 25% Sol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Frank Elmer Ross	Cora Amelia Montgomery
RESIDENCE	Acequia Idaho	Acequia, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	27
BIRTHPLACE	Wisconsin	Washington
OCCUPATION	Cheesemaker	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 00 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 19.....

Registrar.

(Signature) Leland Frazier

Physician

(Physician or midwife)

Address Rupert, Idaho

Filed 4-10 1922 Et Elmore

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

Certificate No. 100442
Date Filed April 10-1943

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Shirley Corrine Ross (Name on Original Certificate) who Born (Was Born or Died) on March 26-1922 (Date of Event) in Rupert Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on None (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Shirley Cora	~~Shirley Corinne Ross~~ Shirley Corrine Ross

Subscribed and sworn to before me this 10 day of April, 1943

Notary Public, residing at Calvin Moser Aberdeen, Idaho
My commission expires May 1 1943
(Seal)

Signed Cora Amelia Montgomery Ross Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed Mrs. Axel Christensen
(Signature of Any Credible Person Other Than Previous Year)

Idaho Falls, Idaho - R.S.
(Street Address, City, State)

APR 15 1943

APR 16 1948

699-115-034-419

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Registration District No. 19 File No. 100443

Hospital ..... Primary Registration District No. 2013 Registered No. 42

FULL NAME OF CHILD Glen Jay Orr
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	3 — 15 — 1922

What bacteriocidal solution was used in eyes? Arg. Nit. 3

Number of child of this mother, including present birth One Number of child of this mother now living, including present birth One

FATHER		MOTHER	
FULL NAME	Vash Orr	FULL MAIDEN NAME	Vera L. Martindale
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kennagy

Physician

(Physician or midwife)

Address Rupert

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 4-10 1922 E M Elmore

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 8 1965

415-223-034-652

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Registration District No. 19 File No. 100444

Hospital .....

Primary Registration District No. 2015 Registered No. 43

FULL NAME OF CHILD Schroeder Mannen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	3 - 23 1922

What bactericidal solution was used in eyes? $AgNO_3$

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Ovid Mannen	FULL MAIDEN NAME	Amanda Wuthrich
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:15 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kanagy
Physician
(Physician or midwife)

Address Rupert

Filed 4-10 1922 E H Elmore
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 9 1969

815-202-034-795

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 100445

Primary Registration District No. 2015 Registered No. 44

FULL NAME OF CHILD Iola Leon Hansen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Feb 2" 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Glen Hansen	FULL MAIDEN NAME	Vera L. Green
RESIDENCE	Rupert, Idaho	RESIDENCE	Rupert, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	R.R. Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5-30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Fragier

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Rupert, Idaho

Filed 4 10 1922 E. H. Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rupert

Street: .....

County: Minidoka

File Number: 100445

Registration Dist. No. .....

Date of Birth: Feb. 2 192. 2

Sex of Child: Female

Father: Walter Glenn Hansen (Full Name)

Mother: Vera Leucritia Greene (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Iola Deon Hansen

Child's Name in Full

Vera L. Hansen

Signature of ~~Father~~ or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD

239-119-234-381

PLACE OF BIRTH

RECEIVED
APR 21 1922

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of ..... Registration District No. 19 File No. 100446

No. ..... St. Primary Registration District No 2013 Registered No. 45

Hospital .....

FULL NAME OF CHILD Vivial Edward Straw

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Feb 19 1922

FATHER	MOTHER
FULL NAME: Edward Orson Straw	FULL MAIDEN NAME: Edith Myrtle Thall
RESIDENCE: Minidoka Co, Idaho	RESIDENCE: Minidoka Co, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: So. Dak	BIRTHPLACE: B. C. Canada
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 20 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier
Physician
(Physician or midwife)

Address Rupert Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 4-10 1922 Ed O Elmore
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 7 1942

FEB 1 3 1995

613-215-034-613

NAME CHANGED PURSUANT COURT ORDER May 16, 1984

Form U. S. No. 1-C--25m-7-21-19

PLACE OF BIRTH

Certificate amended 8-15-84 fc

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Minidoka

CERTIFICATE OF BIRTH

City of Rupert

Registration District No. 19 File No. 100447

No. ..... St.

Primary Registration District No. 2013 Registered No. 46

Hospital

FULL NAME OF CHILD MELBA Ardith Lucile (Wall)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		no	Feb 15th 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	Marie Wall
RESIDENCE		RESIDENCE	Rupert, Idaho
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE		BIRTHPLACE	Nebraska
OCCUPATION		OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 35 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leland Frazier

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19

Address Rupert Idaho

Registrar

Filed 4-10 1922 Ett Elmore Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 6 1976

DEC 2 3 1941

MAR 2 5 1949

RECEIVED
Bureau of Vital Statistics

RONALD J. PALMERI
Attorney at Law
2275 Washington Avenue
San Leandro, California 94577
(415) 483-7410

Attorney for Petitioner
ARDITH L. WILLIAMS

ENDORSED
FILED
MAY 16 1984
RENE C. DAVIDSON, County Clerk
By: Wanda Phillips, Deputy

SUPERIOR COURT OF CALIFORNIA, COUNTY OF ALAMEDA

In the Matter of Application of ARDITH L. WILLIAMS, Petitioner, for Change of Name.	NO: H-97708-9 DECREE CHANGING NAME

~~The petition of~~ **ARDITH** L. ~~WILLIAMS for~~ an ~~order changing~~ her name from ARDITH LUCILE WILLIAMS to MELBA LUCILE WILLIAMS came on regularly for hearing on May 16, 1984, in Department 38 of the above-entitled court.

Proof having been made to the satisfaction of the court, the court finds the following:

1. Notice of the hearing has been given in accordance with the order of this court dated March 29, 1984, to show cause why the petition for change of name should not be granted;

2. Petitioner's date of birth is February 15, 1922, and all allegations of the petition are sufficient and true;

3. No objections to the proposed change of name have been made;

4. The petition should be granted.

IT IS ORDERED that the name of be, and hereby is, changed from ARDITH LUCILE WILLIAMS to MELBA LUCILE WILLIAMS.

Dated: MAY 16 1984

DIANE C. YU

JUDGE OF THE SUPERIOR COURT

SUPERIOR COURT ALAMEDA COUNTY CALIFORNIA

The foregoing instrument is a correct copy of the original on file in this office

ATTEST: MAY 16 1984

IRENE C. DAVIDSON, County Clerk
County Clerk and ex-officio Clerk of the Superior Court of the State of California in and for the County of Alameda

By Kathleen McKeon Deputy

168-115-034-912

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19

File No. 100448

No. ..... St.

Primary Registration District No. 2013

Registered No. 47

Hospital .....

FULL NAME OF CHILD Alvin Arthur Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				yes	2 15 1922

FATHER		MOTHER	
FULL NAME	Carl V Johnson	FULL MAIDEN NAME	Mary Rasmussen
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 9 M. on the date above stated.

(Signature) J B Kingsbury

Physician

(Physician or midwife)

Address .....

Filed 4-10 1922 Ethel Elmore

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

1922

192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rupert

Place of Birth — Street:

Place of Birth — County: Minnedoka

File Number: 100448

Registration Dist. No.:

Date of Birth: 15-2-'22 ..... 192....

Sex of Child: Male

Father: Carl V. Johnson (Full Name)

Mother: Mary L. Rasmus (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Alvin Arthur
Child's Name in Full

Carl V. Johnson
Signature of Father or Mother

MAY 22 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD ILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

2384/16. c34-155

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED APR 2 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 14 File No. 100449

No. ..... St.

Primary Registration District No. 2015 Registered No. 48

Hospital .....

FULL NAME OF CHILD Ralph H. Schneider

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				Yes	2 16 1922

	FATHER	MOTHER
FULL NAME	Roy Schneider	FULL MAIDEN NAME Meta Marion Jansen
RESIDENCE	Rupert	Rupert
COLOR	White	White
AGE AT LAST BIRTHDAY	27 (Years)	26 (Years)
BIRTHPLACE	Nebr.	Blair
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kemagy

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 4-10 1922 Ella Elmore

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

914-120-034-239 Amended 8/3/78

RECEIVED APR 21 1927 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Acequia

Registration District No. 19 File No. 100450

No. ..... St.

Primary Registration District No. 2013 Registered No. 49

Hospital .....

FULL NAME OF CHILD Benjamin J. Ramsay

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	1		6	yes	2 (Month) 20 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Henry Ramsay	FULL MAIDEN NAME	Polly Elmeda Stringham
RESIDENCE	Acequia	RESIDENCE	Acequia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:35 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fayre Kenagy MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 4-10 1922 E H Elmore Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 7 1944

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JN 13 12 44 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Jefferson } ss.

Certificate No. 100450

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Benjamin Jack Ramsey (Name on Original Certificate) who was born (Was Born or Died) on Feb 20, 1922 (Date of Event)
in Acequia, Idaho (Minidoka) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's middle name	Jack	Joseph

Subscribed and sworn to before me this 7 day of June, 19 78.

Notary Public, residing at Rupert, Idaho
My commission expires 10-10-78
(Seal)

(sister of the mother of Benjamin Jack Ramsey)
Signed Bernice D. Jones
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P.O. Box 29 Rigby Ida 83442
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 4/17/78 1cc pd. ret'd $2 check

Card from USAF showing where buried in Phillipine Islands gives name as Benjamin J. Ramsay. date of death as May 21, 1942. viewed by V. S.

AUG 3 1978

Certif of Blessing from the LDS church gives name as Benjamin J. Ramsay son of John Kenry ~~XXXXX~~ Ramsay and polly E. Stringham. born Feb 20, 1922 at Acequia. Blessed April 2, 1922. viewed by V. S.

8YK-102-034-313

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF [redacted]
[redacted] OF VITAL [redacted]ICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 100451

No. ..... St.

Primary Registration District No. 2015 Registered No. 50

Hospital .....

FULL NAME OF CHILD Eugene Monroe Humphries

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	3 (Month) 2 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Roy Monroe Humphries	FULL MAIDEN NAME	Zella Catmull
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	N. C.	BIRTHPLACE	Idaho
OCCUPATION	Eng.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 p M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19

Registrar

Address .....

Filed 4-10 1922 E H Elmore
Registrar

[redacted]

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

BUREAU OF VITAL STATISTICS

Boise, Idaho, MAY 8 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rupert Ida. — Street: — — County: Minidoka

File Number 100451

Registration Dist. No. .....

Sex of Child Male

Date of Birth March 2nd 192...

Father Roy M. Humphries (Full Name)

Mother Gillah M. Catmull (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Eugene Monroe Humphries
Child's Name in Full

Roy M. Humphries
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

235102-C34-753

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert Registration District No. 19 File No. 100452

No. ..... St.

Hospital ..... Primary Registration District No. 2015 Registered No. 311

FULL NAME OF CHILD Lynn Edwin Steele

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Boy				yes	9	2	1921

FATHER		MOTHER	
FULL NAME	B F Steele	FULL MAIDEN NAME	Rada Peterman
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a M. on the date above stated.

(Signature) J B Kenney

Physician

(Physician or midwife)

Address .....

Filed 4-10 1922 E M Elmore

Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH
FILED FOR EACH CHILD AND THE SAME COMPLETED WITH T

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rupert

Street: 6 and Tenth

County: Minidoka

File Number: 100452

Registration Dist. No.:

Date of Birth: March 2nd 1922.

Sex of Child: Male

Father: Burton Vivian Steele. (Full Name)

Mother: Rada May Peterman (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lynn Edwin Steele (Child's Name in Full)

Mrs. Rada May Steele (Signature of Father or Mother)

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

168-112-034-419

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

County of Minidoka

CERTIFICATE OF BIRTH

City of Rupert

Registration District No. 19 File No. 100454

No. ..... St.

Primary Registration District No. 2015 Registered No. 53

Hospital .....

FULL NAME OF CHILD HARVEY THAYNE JOHNSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	1 (Month) 12 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Harvey Johnson	FULL MAIDEN NAME	Norma Martindale
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:30 p. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 4-10 1922 E D Elmore
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 27 1943

SEP 7 1944

MAY 27 19

748-214-034-957

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED APR 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19 File No. 100455

No. ..... St.

Primary Registration District No. 2015 Registered No. 54

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
female	1		4	yes	1	14	1922

	FATHER	MOTHER
FULL NAME	Charles David Guyer	FULL MAIDEN NAME: Hulda J Replogle
RESIDENCE	Rupert	Rupert
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	43	45
BIRTHPLACE	Pa	Ia
OCCUPATION	Insurance	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:55 P M. on the date above stated.

(Signature) I. N. Kenagy

Physician (Physician or midwife)

Address .....

Filed 4-10 1922 E. O. Elmore Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

964-221-034-369

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 100456

Primary Registration District No. 2015 Registered No. 55

FULL NAME OF CHILD Mary Roundy

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female			2	yes	1 (Month) 21 (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph M. Roundy	FULL MAIDEN NAME	Ruby Carbridge
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Preston Ida
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:40 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Kenagy MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 4-10 1922 Ett Elmore

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SONS MIN

BUREAU OF VITAL STATISTICS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Rupert

Street: .....

County: Idaho

File Number: 100456

Registration Dist. No. .....

Date of Birth: Jan. 22 1922

Sex of Child: Female

Father: Joseph M. Bromley (Full Name)

Mother: Ruby D. Corbridge (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mary Bromley
Child's Name in Full

.....
Signature of Father or Mother

... COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

259-106-034-295

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Paul Ida

Registration District No. 19 File No. 100457

No. ..... St.

Primary Registration District No. 2016 Registered No. 56

Hospital .....

FULL NAME OF CHILD ~~[illegible]~~ RONALD Kerbs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Mar. (Month) 6 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	George Kerbs	FULL MAIDEN NAME	Kate Bredman
RESIDENCE	Paul Ida	RESIDENCE	Paul Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] Cooper

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bradley Ida

Registrar

Filed 4-10 1922 [signature] Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kansas }

Certificate No. 100457
Date Filed APR 20 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Reinhart Kerbs (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on 6 March 1922 (DATE OF EVENT)
in Paul, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Family Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on time of birth (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Reinholt Kerbs	Ronald Kerbs

Subscribed and sworn to before me this 14
day of April 19 42
Henry W. Fisher
Notary Public, residing at Burley, Ida.
My commission expires June 1, 1942
(SEAL)

Signed x Katie Kerbs
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Burley, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14
day of April 19 42
Henry W. Fisher
Notary Public, residing at Burley, Ida.
My commission expires June 1, 1942
(SEAL)

Signed x Geo K Ford
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Burley Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 28

464-210-034-763

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka
City of Heyburn
No. ____ St.
Hospital ____
Registration District No. 19
Primary Registration District No. 2013
File No. 100458
Registered No. 57

FULL NAME OF CHILD Martha Doris Foulon
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	March 10 1922

What bactericidal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 3 — Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME C. P. Foulon	FULL MAIDEN NAME Grace Tolcook
RESIDENCE Heyburn, Ida.	RESIDENCE Same.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Net.	BIRTHPLACE Neb.
OCCUPATION Farming.	OCCUPATION Hsf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) Physician
(Physician or midwife)

Address Burley Ida.

Filed 4-10-1922 Ott Elmore
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 5 1944

6 1944

155-204-034-696

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

100459

County of Minidoka.

City of Heyburn.

No. ..... St.

Hospital .....

Registration District No. 19 File No. .....

Primary Registration District No. 2015 Registered No. 38

FULL NAME OF CHILD Norma Marie Jensen.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? ___ and Number in order of birth ___ (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Mch. 4 1922.

What bactericidal solution was used in eyes? 10 per cent Argyrol Sol.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4th.

FATHER		MOTHER	
FULL NAME	Jsaac H. Jensen.	FULL MAIDEN NAME	Vera R. Frost.
RESIDENCE	Heyburn, Ida.	RESIDENCE	Heyburn, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Salt Lake County, Ut.	BIRTHPLACE	Sanpete County, Ut.
OCCUPATION	Plumber.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10-15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. V. Barta, M.D.

(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Burley, Idaho.

Filed 4-10 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

253-216-034-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

Registration District No. 19 File No. 100461

Primary Registration District No. 2015 Registered No. 61

FULL NAME OF CHILD f

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes.	Jan. 16 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Bell	FULL MAIDEN NAME	Cuba Barker.
RESIDENCE	Rupert	RESIDENCE	Rupert Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Iowa.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 2 30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killen M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 4-10 1922 Ett Ehnon

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

713-211-034-434

County of Mundoka

City of Rupert

No. ..... St.

Hospital .....

RECEIVED APR 21 19[illegible] BUREAU [illegible]

Registration District No. 18 File No. 100463

Primary Registration District No. 2014 Registered No. 63

FULL NAME OF CHILD Alice ~~Mary~~ MAE Pattison

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
female				yes.	Jan. (Month) 11 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Thos. B. Pattison	FULL MAIDEN NAME	Alice McDougal
RESIDENCE	Rupert Ida.	RESIDENCE	Rupert.
COLOR	W. AGE AT LAST BIRTHDAY 40 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Colo
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 5 30 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killen MD.

(Physician or midwife)

Given names added from a supplemental report.

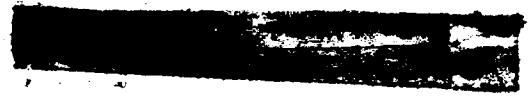
..... 19....

Address Rupert Ida

Filed 4-10 1920 E. V. Elmore

Registrar

Registrar



MAR 6 1942

STATE OF IDAHO,
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Josephine }

Certificate No. 100463

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Alice Mae Patterns (Name on Original Certificate) who (Was Born or Died) on (Date of Event) in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Alice May Patterson	Alice Mae Patterson

Subscribed and sworn to before me this 26 day of Feb., 1942

Notary Public, residing at

My commission expires
(Seal)

Signed Thos B Patterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Wolf Creek Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Josephine }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of Feb., 1942

Notary Public, residing at

My commission expires
(Seal)

Signed Burt Wilson
(Signature of Any Credible Person Other Than Previous Year)

Wolf Creek Oregon
(Street Address, City, State)

MAY 29 1974

166-230-034-415

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

100464

County of Minidoka

City of Acequia

No. ..... St.

Registration District No. 19 File No. .....

Hospital .....

Primary Registration District No. 2015 Registered No. 64

FULL NAME OF CHILD Charlot Ruby Moffit
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	Single		7"	yes	Jan. 30 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Knowley Foreman Moffit	FULL MAIDEN NAME	Ruby Etta Danforth
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Wisconsin	BIRTHPLACE	So. Dak
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lucy E. Kent
Midwife
(Physician or midwife)

Address Acequia

Filed 4-10 1922 E. H. Elmore
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 24 1964

652-107-[redacted]
035-719

PLACE [redacted]

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. J St. St.

Hospital

Registration District No. 96

File No. 100465

Primary Registration District No. 1009

Registered No. 897

FULL NAME OF CHILD Donald Melvin West

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb 7 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Melvin Arnold West	FULL MAIDEN NAME	Edna Marie Parlett
RESIDENCE	Lewiston, Idaho	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Carolina	BIRTHPLACE	Idaho
OCCUPATION	Mechanic	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 A.M. on the date above stated.

(Signature) E. L. White

Physician (Physician or midwife)

Address Lewiston

Filed Ap 10 1922 Susan E. Bruce Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

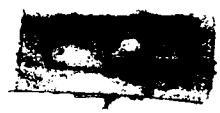
S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K



432-128-035 - 636

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100466

County of Nezperce

City of Lewiston

No. ..... Registration District No. 96 File No. .....

Hospital St. Joseph Primary Registration District No. 1009 Registered No. 898

FULL NAME OF CHILD ~~Lee Wilson~~ CHARLES LEE McKeever
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes.	Feb 28 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Harry V. McKeever	FULL MAIDEN NAME	Grace Florence
RESIDENCE	Clarkston Wash.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho.	BIRTHPLACE	Washington.
OCCUPATION	Fruit Grower	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W. Johnson
Clarkston, Wash.
(Physician or ~~midwife~~)

Give names added from a supplemental report.

....., 19....

Registrar.

Address .....

Filed April 10 1922 Susan E. Bruce
Registrar.

Johnson.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Kootenai } ss.

Certificate No. 100466

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Correction of name (Name on Original Certificate) who born (Was Born or Died) on Feby 28th 1922 (Date of Event) in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by birth Cert (Bible Record, Insurance Policy, Etc.) prepared on February 28th 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	LeeAllen	Charles Lee McKeever

Subscribed and sworn to before me this 28th day of May 1942

Signed Harry V McKeever, Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Coeur d'Alene Idaho

My commission expires Sept. 20th 1945
(Seal)

809 Coeur d'Alene Ave
Coeur d'Alene Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Kootenai } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of May 1942

Signed Grace Florance McKeever
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Coeur d'Alene Idaho

My commission expires Sept. 20th 1945
(Seal)

809 Coeur d'Alene Ave
Coeur d'Alene Idaho
(Street Address, City, State)

JUN 1 1942

MAY _ 4 1967

JUN 3

551-101-035-769

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED APR 2 1 1922 BUREAU OF VITAL STATISTICS

County of Nezperce

City of Lewiston

No. St.

Registration District No. 96 File No. 100467

Hospital St Joseph Primary Registration District No. 1009 Registered No. 899

FULL NAME OF CHILD John Evans
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	March 1 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Roy T. Evans	FULL MAIDEN NAME	Dora Irvin
RESIDENCE	North Lewiston, Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Idaho	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W Johnson

~~Clarkston~~
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Address Clarkston, Wash.

Filed Ap 10 1922 Susan E Bruce
Registrar.

Johnson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-105-075-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100468

County of Nez Perce

City of Lewiston

No. 1030 Main St.

Registration District No. 96

File No.

Hospital

Primary Registration District No. 1009

Registered No. 900

FULL NAME OF CHILD Robert Irving Williamson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Mar. 5 1922

What bacteriolidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Tosa Williamson	FULL MAIDEN NAME	Esther Wilkinson
RESIDENCE	Lewiston Idaho.	RESIDENCE	Lewiston
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Mont.
OCCUPATION	Mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~still-born~~) at 9.05 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Pearson
(Physician or ~~midwife~~)

Address Lewiston Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed Apr 10 1922 Susan E. Bruce
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1942

294-205-035-331

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1417 - Idaho St.

Registration District No. 96 File No. 100469

Hospital No

Primary Registration District No. 1009 Registered No. 901

FULL NAME OF CHILD Elsie Ardell Simpson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Mar. 5 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	W. W. Simpson	FULL MAIDEN NAME	Georgia Clark
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Nebr.	BIRTHPLACE	Ahsahka. Idaho
OCCUPATION	Horse Dealer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 11 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. G. Perkins
(Physician ~~or midwife~~)

Address Lewiston Idaho

Filed Ap 10 1922 Susan E Bruce
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 6 1942

689-106-C35-962

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. 401 Snake River St. Registration District No. 96 File No. 100470

Hospital Primary Registration District No. 1009 Registered No. 902

FULL NAME OF CHILD Kenneth White

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	March 16 1927

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Forest L. White	FULL MAIDEN NAME E. Mae Robinson
RESIDENCE 401 Snake River Ave Lewiston	RESIDENCE same
COLOR White	COLOR white
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Wash.
OCCUPATION Laborer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12:15 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Paul W. Johnson

(Physician or midwife)

Address Clarkston, Wash.

Filed Apr 18 1927 Susan E. Bruce
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

731-210-035-563

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED 1922

Deceased

100471

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St. Josephs

Registration District No. 96

File No. .....

Primary Registration District No. 1009

Registered No. 903

FULL NAME OF CHILD Kathryn Elizabeth Glass.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Mar. 10, 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER		MOTHER
FULL NAME	Ralph C. Glass	FULL MAIDEN NAME	Mary M. Nolan
RESIDENCE	Clarkston, Wash.	RESIDENCE	Clarkston, Wash.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho
OCCUPATION	Dairyman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 11 A. M. on the date above stated.
(Born alive or [redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Chiodoro

(Physician ~~or midwife~~)

Address Lewiston, Idaho.

Filed Apr 10 1922 Susan E Bruce
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-112-035-391

Form V. S. No. 11-C—2Mm-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1504-MAIN St.

Hospital White

Registration District No. 96 File No. 100473

Primary Registration District No. 1009 Registered No. 905

FULL NAME OF CHILD James Lloyd Dancy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		NO	MAR 12 1922

FATHER		MOTHER	
FULL NAME	Bruce Dancy	FULL MAIDEN NAME	Viah Crabb
RESIDENCE	Lavendish Ida	RESIDENCE	Lavendish Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Tenn.	BIRTHPLACE	Idaho
OCCUPATION	Labor	OCCUPATION	House-Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8.30 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Lewiston Idaho

19

Filed Apr 10 1922 Susan E. Bruce

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 4 1961

556-113.035-385

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. 706-15th Ave St.

Registration District No. 96 File No. 100474

Hospital

Primary Registration District No. 1009 Registered No. 906

FULL NAME OF CHILD James Wendell Enoch
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	March 13 1927

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	James R. Enoch	FULL MAIDEN NAME	Genevieve Lynn
RESIDENCE	Lewiston 706-15 Ave	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Washington
OCCUPATION	Truckman C P R R Co	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 P.M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E G Bradock
(Physician or midwife)

Address Lewiston, Ida

Give names added from a supplemental report.

, 19

Filed Apr 10 1927 Susan E Bruce
Registrar.

Bradock
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-115-035-294

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED APR 2 1 1922 ... AL

County of Ney Perce

City of Lewiston

Registration District No. 96 File No. 100475

No. 1834-7th av

Primary Registration District No. 1009 Registered No. 907

Hospital

FULL NAME OF CHILD Monte Small Kennedy Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	3-15-1922

FATHER		MOTHER	
FULL NAME	James Carl Nelson	FULL MAIDEN NAME	Frieda Brust
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ill	BIRTHPLACE	Iowa
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 a M. on the date above stated.

(Born alive or stillborn)

(Signature) J. M. Lyle

Physician

(Physician or midwife)

Address Lewiston

Filed Apr 10 1922 Susan E Bruce

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 10 1942

754-216-035-665

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 1 1922

CERTIFICATE OF BIRTH

County of Nezperce
City of Lewiston
No. ..... St.
Hospital St Joseph

Registration District No. 96 File No. 100476
Primary Registration District No. 1009 Registered No. 908

FULL NAME OF CHILD Stillborn Peden
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	March 16 1922

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Jas C. Peden	FULL MAIDEN NAME	Mary A. Wolf
RESIDENCE	Clarkston, Wash.	RESIDENCE	same
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Scotland	BIRTHPLACE	Oregon
OCCUPATION	Warehousemen	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn 10:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W Johnson
(Physician or ~~midwife~~)

Address Clarkston, Wa

Filed Apr 10 1922 Susan E Bruce
Registrar.

Give names added from a supplemental report.

....., 19....

Dr Johnson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

867-122-035-599

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St Josephs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 100477

Primary Registration District No. 1009 Registered No. 909

FULL NAME OF CHILD Marion Bernard Hogan
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	March 22 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Marion H. Hogan	FULL MAIDEN NAME	Nance Marie Erickson
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Miss.
OCCUPATION	Postal Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9:20 M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. L. Clinton

(Physician or midwife)

Address Lewiston, Idaho.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed Apr 10 1922 Susan E. Bruce
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-223-035-796

RECEIVED

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96 File No. 100478

No. ..... St.

Primary Registration District No. 1009 Registered No. 910

Hospital St Joseph

FULL NAME OF CHILD Bonnie Jean Greer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Mar. 23 1922

FATHER		MOTHER	
FULL NAME	Geo. W. Greer	FULL MAIDEN NAME	Grace Lela Groom
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	N. S.	BIRTHPLACE	Orig.
OCCUPATION	Day Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2 a M. on the date above stated.

(Signature) Jm. Lyle M D

(Physician or midwife)

Address Lewiston Ida

Filed Apr 10 1922 Susan E. Bruce

Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 3 1943

355-126-035-653

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED ... 1922 DIVISION OF VITAL

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St. Joseph

Registration District No. 96 File No. 100479

Primary Registration District No. 1009 Registered No. 911

FULL NAME OF CHILD Cornelius Albert Lee
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Mar. 26 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Cornelius Lee	FULL MAIDEN NAME	Lillian Fellows
RESIDENCE	Slickpoo Ida.	RESIDENCE	Slickpoo Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carrasco

(Physician or midwife)

Address Lewiston Idaho.

Filed Ap. 10 1922 Susan E. Bruce
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

342-227-675-855

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100480

County of Nez Perce

City of Lewiston

Registration District No. 96 File No.

No. 1504 - Main St.

Primary Registration District No. 1009 Registered No. 912

Hospital White.

FULL NAME OF CHILD Alice Ruth Lusk

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 27 22

	FATHER	MOTHER
FULL NAME	Robert C. Lusk	FULL MAIDEN NAME Stella Hallie Henderson
RESIDENCE	Lewiston, Ore	RESIDENCE Lewiston Orchards
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	27 (Years)	21 (Years)
BIRTHPLACE	[redacted] Neb	BIRTHPLACE Minn
OCCUPATION	Orchardist	OCCUPATION House-Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive or [redacted] on the date above stated. at 6 A M.

(Signature) E. L. White

(Physician or Midwife)

Address Lewiston Idaho

Filed Apr 30 19 22 Susan E Bruce
Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 1 1 1942

275-227-035-994

PLACE OF BIRTH

[redacted] WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100481

County of Nez Perce

City of Lewiston

No. 618-5th St. St.

Registration District No. 96 File No.

Hospital

Primary Registration District No. 1009 Registered No. 913

FULL NAME OF CHILD Margaret May Spangler

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	March 27 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Stephen J Spangler	FULL MAIDEN NAME	Hazel Turner
RESIDENCE	Lewiston Ida	RESIDENCE	same
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Washington
OCCUPATION	Baker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E G Broadock

(Physician ~~or midwife~~)

Address Lewiston Ida

Give names added from a supplemental report.

....., 19.....

Broadock
Registrar.

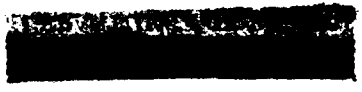
Filed Apr 10 1922 Susan E. Bruce
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 12 1944

APR 11 1944



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-1-8-035-513

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO

BUREAU OF [illegible]

CERTIFICATE OF BIRTH

File No. 100482

County of Nez Perce

City or Lewiston Registration District No. AL 96

No. 150 4-main st.

Hospital White Primary Registration District No. 1009 Registered No. 914

FULL NAME OF CHILD Douglas Eaton Campbell

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Mar 28 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wilbur L. Campbell	Bessie Eloise Eaton
RESIDENCE	Grangeville, Ida	Grangeville, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	34
BIRTHPLACE	Nebr	S. Dakota
OCCUPATION	Attorney	H & W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3.30 A M. on the date above stated.

(Born alive [redacted])

*When there was no attending physician or midwife, then the father, householder, etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. White

(Physician [redacted])

Address Lewiston, Idaho

Given names added from a supplemental report.

..... 19.....

Filed Apr 10 1922 Susan E. Bruce

..... Registrar

S-Y-CO 38071

Registrar

JUN 12 1942

MAR 5 1953

343-228-075-354

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 2 1922 VITAL

CERTIFICATE OF BIRTH 100483

County of Nez Perce

City of Lewiston Ida

No. 409 Snake R Ave Registration District No. 96 File No.

Hospital Primary Registration District No. 1009 Registered No. 915

FULL NAME OF CHILD Marjorie Ellen Culbertson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	March 28 1922

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Luther A Culbertson	FULL MAIDEN NAME	Ida Ellen Tedrow
RESIDENCE	409 Snake Rn Ave Lewiston	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Nebraska	BIRTHPLACE	Illinois
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul W Johnson
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Johnson
Registrar.

Address Clarkston, Wn

Filed Apr 10 1922 Susan E. Bruce
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Lewiston

Street: H.O. Snake river ave.

County: Idaho

File Number: 100483

Registration Dist. No.:

Date of Birth: March 28 1922

Sex of Child: Female

Father: Luther A Culbertson (Full Name)

Mother: Ida Ellen Tedrow (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Marjorie Ellen Culbertson (Child's Name in Full)

Mrs Luther A Culbertson (Signature of Father or Mother)

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

15-128-035-285

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 296

File No. 100484

No. Snake River Ave St.

Primary Registration District No. 1009

Registered No. 916

Hospital

FULL NAME OF CHILD Richard Earl Pearsall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Mar 29 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Earl Pearsall	Marguerite B. Sheets
RESIDENCE	Lewiston Ida	Lewiston
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	18
BIRTHPLACE	Yuma Colo	Sheep Canyon Colo
OCCUPATION	Day Laborer	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4 a. M. on the date above stated.

(Signature) J W Lyle M.D.

Physician

(Physician or midwife)

Address Lewiston Ida

Filed Apr 10 1922 Susan E. Bruce

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1942

349-130-035-753

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. Main St.

Hospital

Registration District No. 96

File No. 100485

Primary Registration District No. 1009

Registered No. 917

FULL NAME OF CHILD Turner Howard Neal

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Mar 30 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas Edwin Turner	FULL MAIDEN NAME	Esten Peterson
RESIDENCE	Lewiston, Ida.	RESIDENCE	Lewiston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Sweden
OCCUPATION	Brakeman, R.R.	OCCUPATION	H.W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11.40 M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Lewiston

Filed Apr 10 1922 Susan E Bruce
Registrar

S-T-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Lewiston

Street: 2615 E. Main St.

County: Nez Perce

File Number: 100485

Registration Dist. No.:

Date of Birth: March 30th 1922

Sex of Child: Male

Father: Charles Edwin Turner (Full Name)

Mother: Esther A. Peterson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Howard Neal Turner

Child's Name in Full

Chas E. Turner

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

613-131-235-238

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

RECEIVED 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96 File No. 100486

No. 415-12 St.

Primary Registration District No. 1009 Registered No. 918

Hospital

FULL NAME OF CHILD Charles Eugene Walker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	3 - 31 - 1922

FATHER		MOTHER	
FULL NAME	Fred Eugene Walker	FULL MAIDEN NAME	Lillie Leona Schafer
RESIDENCE	Myrtle Ida	RESIDENCE	Myrtle Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ida	BIRTHPLACE	Texas
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 1-19 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Lewiston Ida

19

Filed Apr 10 1922 Susan E Bruce

Registrar Registrar

5-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 23 1942

415-230-035-863

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Gifford

No. ..... St.

Hospital .....

Registration District No. 92 File No. 100488

Primary Registration District No. 2170 Registered No. 47

FULL NAME OF CHILD Rena Elaine Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	4 30 1922

FATHER		MOTHER	
FULL NAME	Raymond E Davis	FULL MAIDEN NAME	Myra E. Hockinson
RESIDENCE	Gifford	RESIDENCE	Gifford
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Mo	BIRTHPLACE	N Dakota
OCCUPATION	farmer	OCCUPATION	hswf

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E.E. Watts

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 4 30 1922

E.E. Watts
Registrar

APR 1 1968

482-103035-455

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECD MAY 6 1922 BUREAU

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100489

County of Nez Perce

City of Lenore

Registration District No. 92 File No. 9

No. ..... St.

Primary Registration District No. 2170 Registered No. 44

Hospital .....

FULL NAME OF CHILD Kenneth Burton Dykes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Apr 3 1922

FATHER		MOTHER	
FULL NAME	Isaac Dykes	FULL MAIDEN NAME	Susan Devlin
RESIDENCE	Lenore	RESIDENCE	Lenore
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 4-3 1922 E. E. Watts

Registrar

231-106-035-192

RECEIVED
MAY 4 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100490

PLACE OF BIRTH

County of Nez Perce

City of Gifford

Registration District No. 92

File No. 9

No. ____ St.

Primary Registration District No. 2170

Registered No. 45

Hospital ____

FULL NAME OF CHILD Murry Starcher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
M				Yes	3	6	1922

FATHER

FULL NAME: Carl Starcher

RESIDENCE: Gifford

COLOR: W

AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Kansas

OCCUPATION: farmer

MOTHER

FULL MAIDEN NAME: Myrtle Arbuckle

RESIDENCE: Gifford

COLOR: W

AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Oregon

OCCUPATION: Nurse

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at Midnight M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carl Starcher

father (Physician or midwife)

Given names added from a supplemental report.

____ 19____

Address ____

Registrar

Filed 4-27 1922

E. E. Watts
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

245-213-035-136

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED MAY 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100491

County of Nez Perce

City of Melrose

Registration District No. 92 File No. 9

No. ..... St.

Primary Registration District No. 2170 Registered No. 46

Hospital .....

FULL NAME OF CHILD Anna O. E. Kincaid

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
F				Yes	3 13 1922

FATHER		MOTHER	
FULL NAME	Ivan Edward Kincaid	FULL MAIDEN NAME	Bertha Alfrey
RESIDENCE	Melrose	RESIDENCE	Melrose
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mich	BIRTHPLACE	Idaho
OCCUPATION	laborer	OCCUPATION	housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.40 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19....

Registrar

Filed 4-13 1922

E. E. Watts
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 24 1961

342-108-036-693 [redacted]

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
MAY 4 1922
BUREAU OF VITAL STATISTICS

County of Oneida

City of Malad

Registration District No. 26

File No. 100492

No. ..... St.

Primary Registration District No. 2069 Registered No. 51

Hospital .....

FULL NAME OF CHILD Thomas Herald Lusk

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Mar 8 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Lusk	FULL MAIDEN NAME	Maria Williams
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Samaria
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alton (Born alive or stillborn), at 8:15 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Registrar

Filed April 15 1922 R. J. Maner M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]ERAL PRACTICE [illegible]TIFICATE OF BIRTH SHOU

Dear Madam: 1922

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the [redacted] name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad, Idaho.

Street: .....

County: Oneida

File Number: 100492

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: March 8, 1922.

Father: Thomas J. Tusk. (Full Name)

Mother: Maria Williams (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Thomas Harold Tusk. (Child's Name in Full)

Mrs. Thomas J. Tusk (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

165-114-036-643

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 4 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 100493

No. ..... St.

Primary Registration District No. 2069 Registered No. 52

Hospital .....

FULL NAME OF CHILD Venal Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Mar 14 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Sylvester Jones	FULL MAIDEN NAME	Lottie L Williams
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Student	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8:45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

J Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Filed April 15 1922 R J Maner M.D. Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAY 3 - 1927

Boise, Idaho,.....

RECEIVED JUN 6 1923 BUREAU OF VITAL STATISTICS

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vita
that we have the full name included in the record. Kindly fill in the information requested in the bla
and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATIST

Place of Birth — City: Malad

Street: .....

County: Oneida

File Number: 100493

Registration Dist. No: .....

Sex of Child: Male

Date of Birth: March 14

Father: David Sylvester Jones (Full Name)

Mother: Lottie Larue (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Venal Jones

Child's Name in Full

Sylvester Jones

Signature of Father or Mo

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ERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
ACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - - -

egistration is part of every child's birthright.
blishes legally the date of the child's birth, parentage
.
bles the Public Health Nurse to make sure the child has
from danger of blindness and other infections at birth.

- - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

correct age for purposes of school attendance.
loyment.
tection under the law.
itary and jury duty.
ht to travel unmolested in foreign lands.
ht to vote.
at to receive pensions and inherit property.
nishes acceptable evidence of genealogy.
ht to get married.
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ish certified copies of certificates of birth, it is im-
e certificates be filed with the BUREAU OF VITAL STATIS-
me completed by furnishing the name of the child.

SE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

213424-036-213

Amended Jan. 29, 1969

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 100494
Local Reg. No. 53
Reg. Dist. No. 26

1. PLACE OF BIRTH

a. COUNTY: Oneida

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. John

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Oneida

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. John

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print) a. (First): Teddy b. (Middle): c. (Last): Sato

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) February (Day) 24 (Year) 1922

FATHER OF CHILD

7. FULL NAME a. (First): U b. (Middle): c. (Last): Sato

8. AGE (At time of this birth): 45 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Japan

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Tore b. (Middle): c. (Last): Sato

13. AGE (At time of this birth): 32 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Japan

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy)? 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: R. T. Mauer

19. ADDRESS: Malad, Idaho

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

20. DATE SIGNED: April 15, 1922

21. DATE REC'D BY LOCAL REG.: April 15, 1922

22. REGISTRAR'S SIGNATURE: R. T. Mauer

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: Japanese

RACE OR COLOR OF MOTHER: Japanese

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Box Elder } ss.

JAN 13 1969

Bureau of Vital Statistics

Certificate No. 100494

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Teddy Sato (Name on Original Certificate) who was born (Was Born or Died) on March 15, 1922 (Date of Event)

in St. John, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Full Date of Birth	Mar. 15, 1922	February 24, 1922

Subscribed and sworn to before me this 27 day of December, 1968

Esther S. Harris

Notary Public, residing at Tremonton Utah

My commission expires February 13, 1969

(Seal)

Signed Tora Sato

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Tremonton, Utah R F D #1 Box 277

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Box Elder } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of December, 1968

Esther S. Harris

Notary Public, residing at Tremonton Utah

My commission expires 2-13-69

(Seal)

Signed Rhoda Haramoto

(Signature of Any Credible Person)

Tremonton, Utah R F D 1 Box 277

(Street Address, City, State)

FORM DH 60-155

CL 12-9-68. nm

School Record issued May 8, 1929 gives date of birth as Feb. 24, 1922.
Parent U. Sato
Viewed by V.S.

Separation paper form the Army of the United States gives date of birth for Ted Sato as Feb. 24, 1922. Date of Entry into service May 29, 1944
Date of Separation Feb. 17, 1946
Viewed by V.S.

799-123-036-415

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 4 1922
BUREAU OF VITAL STATISTICS

County of Oneida

City of Malad

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 100495

No. ..... St.

Primary Registration District No. 2064 Registered No. 54

Hospital .....

FULL NAME OF CHILD Thomas Glen Price

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Mar (Month) 23 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Thomas D Price	FULL MAIDEN NAME	E Blodwen Davis
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad

Registrar

Filed April 15 1922 R. J. Maner M.D.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

7-14-41

DECEASED

444-125-036-415

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

RECEIVED MAY 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 100497

Primary Registration District No. 2069 Registered No. 56

FULL NAME OF CHILD Thomas William Dudley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Mar 25 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joe Dudley	FULL MAIDEN NAME	Barbara Davis
RESIDENCE	Elkhorn	RESIDENCE	Elkhorn
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Maner

M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad, Idaho.

Filed April 15 1922

R. T. Maner M.D.
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-222-036165

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED MAY 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100498

County of Oneida

City of Samaria

Registration District No. 26 File No.

No. St.

Primary Registration District No. 2069 Registered No. 57

Hospital

FULL NAME OF CHILD Helen Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes.	Mar. 22 22

	FATHER	MOTHER
FULL NAME	Geo. M. Williams	FULL MAIDEN NAME Stella Jones
RESIDENCE	Samaria Id.	RESIDENCE Samaria Id
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	26	25
BIRTHPLACE	Idaho	BIRTHPLACE Idaho
OCCUPATION	Farmer	OCCUPATION Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. at 11 30 A.M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) R. T. Mauer M.D.
(Physician or midwife)

Address Malad Idaho

Filed April 15 1922 R. T. Mauer M.D.
Registrar

JUL 9 1942

843-208-036-713

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
MAY 4 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Oneida

City of Stone

Registration District No. 26 File No. 100499

No. ..... St.

Primary Registration District No. 2069 Registered No. 58

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	March 8 1922

FATHER		MOTHER	
FULL NAME	Warren Earl Hickman	FULL MAIDEN NAME	Alta Pack
RESIDENCE	Stone Idaho —	RESIDENCE	Stone Idaho —
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Stone Idaho —	BIRTHPLACE	Deseret Utah —
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (born alive or stillborn), at 8 30 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) Edward Leigh M.D.

Physician
(Physician or midwife)

Address Snowville Utah —

Filed April 15 1922 R T Mauer M.D
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-22-036-819

PLACE OF BIRTH

RECEIVED MAY 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 100500

No. ____ St.

Primary Registration District No. 2069 Registered No. 59

Hospital ____

FULL NAME OF CHILD Eloise Fae Hart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Mar. 22 22

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Dean Hart.	Ida Hardman
RESIDENCE	Malad.	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	Colo.	Wyo.
OCCUPATION	Section hand	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Manes M.D

(Physician or midwife)

Address Malad

Given names added from a supplemental report.

____ 19____

____
Registrar

Filed April. 15 1922

R T Manes M.D
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CHAT NO STAIN

JUN BUREAU OF STATISTICS

Boise, Idaho, ... 192.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Malad

Street: .....

County: .....

File Number: 100500

Registration Dist. No. .....

Date of Birth: March 192.

Sex of Child: Female

Father: Dean Thomas Hart (Full Name)

Mother: Ida Eloise Hart (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Eloise Jae Hart (Child's Name in Full)

Mrs. D. T. Hart (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

irth registration is part of every child's birthright.
t establishes legally the date of the child's birth, parentage
timacy.
It enables the Public Health Nurse to make sure the child has
otected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com-
to furnish certified copies of certificates of birth, it is im-
that the certificates be filed with the BUREAU OF VITAL STATIS-
d the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

819-12-036-962

Form S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF

RECEIVED MAY 4 1922 BUREAU OF STATISTICS

100501

County of Oneida

City of Malad Registration District No. 24 File No.

No. St.

Primary Registration District No. 2069 Registered No. 60

Hospital

FULL NAME OF CHILD Wayne James Harrison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Mar 21 1922

	FATHER	MOTHER
FULL NAME	Jess Harrison	FULL MAIDEN NAME Lily Rosenberg
RESIDENCE	Malad	RESIDENCE Malad
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	25 (Years)	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE England
OCCUPATION	Farmer	OCCUPATION Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) R. T. Mauer M.D

(Physician or midwife)

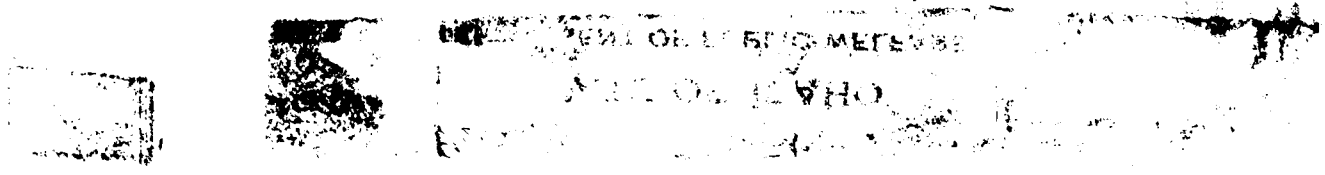
Address Malad

Filed April 15 1922 R. T. Mauer M.D Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



RECEIVED
MAY 15 1922
BUREAU OF VITAL

ST.
DEPARTM

1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City Malad City
Street .....
County Oneida

File Number 100501

Registration Dist. No. —

Date of Birth March 21st 1922

Sex of Child Male

Father Jesse Fredg Harrison
Full Name

Mother Lilly Rosenberg
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Wayne James Harrison
Child's Name in Full

J. F. Harrison
Signature of Father or Mother

NOV 18 1971

JUN 19 1941

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

863-112-036-268 Child's name added 4-30-91 MCM

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED MAY 4 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100502

County of Oneida

City of Malad — Registration District No. 26 — File No.

No. ..... St.

Primary Registration District No. 2069 — Registered No. 61

Hospital .....

FULL NAME OF CHILD DOUGLAS KOHLER HOLBROOK

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Mar 12 1922

FATHER		MOTHER	
FULL NAME	Keith Holbrook	FULL MAIDEN NAME	Geneva Kohler
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Mauer

M. D

(Physician or midwife)

Address Malad, Idaho

Given names added from a supplemental report.

..... 19....

Registrar

Filed Apr 15 19 22

R. T. Mauer M.D

Registrar

APR 30 1968

2-20-91

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
MAR 12 1991
VITAL STATISTICS UNIT

State of Utah
County of Salt Lake } ss.

Certificate No. 100502
Date Filed 7 March 1991

The undersigned does solemnly swear that certain facts on the certificate of birth
for Baby Boy Holbrook (Name on Original Certificate) who was born (Was Born, Died, etc.) on Mar 12, 1922 (Date of Event)
in Malad (Oneida) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Baby Boy Holbrook	Douglas Kohler Holbrook

Subscribed and sworn to before me this 25 day of February, 19 91.

Notary Public, Loraine Buckley
Residing at Salt Lake City, Utah
My Commission Expires 12/6/93

LORAINE BUCKLEY
Notary Public
2100 South
Salt Lake City, Utah 84119
My Commission Expires
December 6, 1993
State of Utah

Douglas K Holbrook
Signature of Applicant
226 East 6850 South, Midvale Utah 84047
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary ✓)

State of Utah
County of Salt Lake } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

US Army discharge shows Douglas K Holbrook born Mar 12, 1922 in ID and discharged Oct 13, 1945. Viewed by VS.

APR 30 1991

LDS membership record shows Douglas Kohler Holbrook born Mar 12, 1922 in Malad to Heber Kim Holbrook and Genieve Kohler and baptized Sept 6, 1930. Viewed by VS.

CA driver license shows Douglas Koler Holbrook born Mar 12, 1922 and issued 1977. Viewed by VS.

815-105-036-719

Form V. S. No. 11-C—25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
MAY 4 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 100503

No. ____ St.

Primary Registration District No. 2069 Registered No. 62

Hospital ____

FULL NAME OF CHILD Donald Orson Hancock Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Mar 5 1922

FATHER		MOTHER	
FULL NAME	Orson Hancock	FULL MAIDEN NAME	Maude Gardner
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Section foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. (Born alive or stillborn), at 6:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R T Mauer M.D.

(Physician or midwife)

Address Malad, Idaho

Given names added from a supplemental report.

____ 19____

Registrar

Filed Apr 15 1922

R T Mauer M.D
Registrar

DEC 28 1943

249-227-036-713

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 4 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Arbon

Registration District No. 26 File No. 100504

No. ..... St.

Primary Registration District No. 2069 Registered No. 63.

Hospital .....

FULL NAME OF CHILD Veda Annabell Burks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Feb. 27 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Burks	FULL MAIDEN NAME	Edith Mae May Patrick
RESIDENCE	Arbon, Idaho	RESIDENCE	Arbon, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Iowa	BIRTHPLACE	Dayton, Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:20 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Bruce Pett

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Arbon Idaho

Registrar

Filed April 15 1922 R. T. Mauer M.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. 100504

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Veda. A. (Name on Original Certificate) who born (Was Born or Died) on Feb 27-1922 (Date of Event) in Arbon Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Veda A.	Veda Annabell F. Burks

Subscribed and sworn to before me this 5th day of May, 1942.

Signed Edith Mae Patrick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Spokane

My commission expires Aug 2 1944
(Seal)

814 E 5th Ave Spokane Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

(Street Address, City, State)

My commission expires
(Seal)

MAY 8 1942

MAY 12 1942

MAY 19 1942

414-209.037-691

Form V. S. No. 11-C--25m-7-21-19

[redacted] OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted] of Ada

City of Homedale Registration District No. 137 File No. 100505

No. ____ St.

Primary Registration District No. Homedale Registered No. ____

Hospital ____

FULL NAME OF CHILD Mary Anna Mayhew

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f M				Yes	Mar 9 1922

FATHER		MOTHER	
FULL NAME	Perry G Mayhew	FULL MAIDEN NAME	Worthy G Frank
RESIDENCE	Rockville Or	RESIDENCE	Rockville Or
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Or	BIRTHPLACE	Or
OCCUPATION	Stockman	OCCUPATION	Hw

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 30a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lemuel Hoffer MD
(Physician or Midwife)

Given names added from a supplemental report.

Apr 1 1922

L Hoffer
Registrar

Address Homedale

Filed Apr 1 1922

L Hoffer
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made and the number of each, in order of birth stated.

[redacted]

AUG 6 1947

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NR-313937-313

PLACE OF BIRTH

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100506

County of Owyhee

City of Oreana

No. ..... St.

Hospital .....

Registration District No. 74 File No. 1

Primary Registration District No. 2151 Registered No. 31

FULL NAME OF CHILD Frank Jayo
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Mch 13 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Frank Jayo	FULL MAIDEN NAME	Frances Latemendi
RESIDENCE	Oreana	RESIDENCE	Oreana
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wm. J. Eikenbeck

Physician
(Physician or midwife)

Address Grand View

Filed Apr. 10 1922 Wm. J. Eikenbeck
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

DEC 4 1942

PLA[redacted] 19

128-20

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100507

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

County of [redacted]

City of New Plymouth — Registration Dist. No. 5 — File No.

No. 5 mi. Southeast St. — Primary Registration District No. 2009 — Registered No. 6

Hospital

FULL NAME OF CHILD June Marcelle Ashburn
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
♀		Yes	March 3 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 1 — Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Clarence Victor Ashburn	FULL MAIDEN NAME	Vilva Barnett
RESIDENCE	New Plymouth R 7 D 7	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:55 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

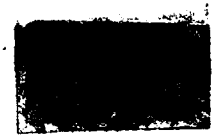
..... Registrar.

(Signature) Wm J. Drysdale M D
(Physician or midwife)

Address New Plymouth Ida

Filed 3/3 1922 Wm J. Drysdale
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



OCT 14 1953

468-206-023-46

PLACE OF BIRTH

[redacted] RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100508

County of Gem

City of 4 mi east Falk

No. ..... St.

Registration District No. 5

File No. 100508

Hospital .....

Primary Registration District No. 2009

Registered No. 7

FULL NAME OF CHILD Lucile Frances Doherty
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	March 6 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Edward Doherty	FULL MAIDEN NAME	Marie Doherty
RESIDENCE	Emmett, R F D # 2	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	57	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Ireland	BIRTHPLACE	Ireland
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.

(Physician or midwife)

Address New Plymouth, Ida

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 3/7 1922

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

FEB 3 1943

915-231-038-464

PLACE OF BIRTH

STATE OF IDAHO
[redacted]ARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100509

County of Payette

City of New Plymouth

No. ..... St.

Hospital .....

Regis[redacted] No. 5 File No. .....

Primary Reg[redacted]tion District No. 2009 Registered No. 8

FULL NAME OF CHILD Ruth Hansom
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
7		Yes	Mch 31 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Elmer Hansom	FULL MAIDEN NAME	Bessey L. Daugherty
RESIDENCE	New Plymouth Ida	RESIDENCE	with husband
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Kans.	BIRTHPLACE	Ill.
OCCUPATION	Auto mechanic	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale MD
(Physician or midwife)

Address New Plymouth, Ida

Filed [illegible] 1922 Wm T. Drysdale
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 17 1943

291-121038-168

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED MAY 4 1922 BUREAU OF VITAL STATISTICS STATE OF IDAHO

CERTIFICATE OF BIRTH

File No. 100510

County of Payette

City of Fruitland

No. ..... St.

Registration District No. .....

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Dan Bransfield

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	April 21 1922

FATHER		MOTHER	
FULL NAME	John Stewart Bransfield	FULL MAIDEN NAME	Edith Johnson
RESIDENCE	near Fruitland	RESIDENCE	same
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 10 a M. on the date above stated.

(Signature) C. E. Paxton M D

(Physician or midwife)

Address Fruitland Idaho

Filed 4-29-1922 C. E. Paxton Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued October 22, 1940. L.W.

PLACE O[redacted]

893-103-038-234

[redacted] of Payette

[redacted] Fruitland

No. _____ St.

Hospital _____

RECEIVED MAY 4 1922 [redacted] VITAL [redacted]

[redacted]DAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-18-18

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 100511

Primary Registration District No. _____ Registered No. _____

Full Name of Child Norman Robert Hillis

SEX OF CHILD male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH March 3 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert Moffat Hillis	FULL MAIDEN NAME	Grace Irene Stuart
RESIDENCE	Fruitland Idaho	RESIDENCE	Fruitland Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Co. Antrim Ireland	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J. Wise MD

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address Ontario Oregon

Filed April 27 1922 C. C. Paxton

Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each of each, in order of birth stated.

OCT 30 1944

817-124-038-433

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4 File No. 100512

Primary Registration District No. 1008 Registered No. 35

FULL NAME OF CHILD Donald Ray Yager

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	March 24 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward H. Yager	FULL MAIDEN NAME	Francis May McConnell
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:15 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. McDonald

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Payette Idaho

Filed Apr 8/1922 19.... J. C. Woodward Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 3 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Payette } ss.

Certificate No. 100512

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Donald Ray Yager (Name on Original Certificate) who was born (Was Born or Died) on March 24, 1922 (Date of Event)
in Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by birth certificate (Bible Record, Insurance Policy, Etc.) prepared on April 5, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's birthplace	Calif.	Colorado

Subscribed and sworn to before me this 22nd
day of July, 1942

W. R. McClure
Notary Public, residing at Payette, Idaho
My commission expires July 5, 1944
(Seal)

Signed Frankes M. Yager
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Payette, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Payette } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd
day of July, 1942

W. R. McClure
Notary Public, residing at Payette, Idaho
My commission expires July 5, 1944
(Seal)

Signed Edward H. Yager
(Signature of Any Credible Person Other Than Previous Year)

Payette, Idaho
(Street Address, City, State)

K

JUL 23 1942

APRIL 24 1942

115-0211-038-296

Form V. S. No. 11-C—25m-5-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Payette

CERTIFICATE OF BIRTH

City of Payette

Registration District No. 4

File No. 100513

No. 1020 Centennial St.

Primary Registration District No. 1008

Registered No. 36

Hospital Blanchard

FULL NAME OF CHILD Helen May DeHart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	April 11 1922

FATHER		MOTHER	
FULL NAME	Wayne DeHart	FULL MAIDEN NAME	Margaret Maurine Brown
RESIDENCE	Payette	RESIDENCE	Payette
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Greensburg Ind
OCCUPATION	Farmer	OCCUPATION	None

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:00 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Woodward M.D.

Physician

(Physician or midwife)

Address Payette Idaho

Given names added from a supplemental report.

19

Registrar

Filed April 15 1922 J. C. Woodward

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

HO

DEPAR ENT OF PUBLIC W ARE

Boise, Idaho, MAY 8 - 192

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Payette Idaho
- Street: 1030 Center Ave
- County: Payette

File Number: 100513

Registration Dist. No.: 4

Sex of Child: Female

Date of Birth: April 11 1922

Father: Author Wayne Lee Walt (Full Name)

Mother: Margaret Maurine Br (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Helen May Lee Walt
Child's Name in Full

Mrs. Wayne Lee Walt
Signature of Father or Mother

K

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

NOV 17 1971

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

168-11-03 8-1825

PLACE OF BIRTH

RECEIVED
MAY 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

100514

County of Payette

City of Payette

Registration District No. 4

File No.

No. ..... St.

Hospital Blanchard

Primary Registration District No. 1008

Registered No. 37

FULL NAME OF CHILD JUNIOR Albert Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	Mar 11 1922

FATHER		MOTHER	
FULL NAME	Arthur Johnson	FULL MAIDEN NAME	Hazel Ayers
RESIDENCE	Fruitland Ida	RESIDENCE	Fruitland Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Truck drive	OCCUPATION	Home wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) R.O. Payne

Phy.

(Physician or midwife)

Address Ontario Oregon

Filed Apr. 15 1922 J.B. Woodward

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Payette }

Certificate No. 100514

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for James Albert Johnson (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Mar. 11, 1922 (DATE OF EVENT)
in Payette, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	James Albert Johnson	~~Xxxxxx Xxxxxxx~~ Jimmie Albert Johnson

Subscribed and sworn to before me this 11th day of May, 1942

Notary Public, residing at Payette, Idaho
My commission expires November 16, 1943
(SEAL)

Signed John Arthur Johnson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Fruitland, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Payette }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of May, 1942

Notary Public, residing at Payette, Idaho
My commission expires November 16, 1943
(SEAL)

Signed Howard E. Pearson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Payette, Idaho: Route #1
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 15 1942 By .....
(REGISTRAR'S SIGNATURE)

MAY 19 1942

MAY 24 1985

458/18·038-533

PLACE OF BIRTH

County of Payette

City of Payette

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-6-15-18

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 100515

Primary Registration District No. 1005 Registered No. 38

Full Name of Child Louis William Meyers

SEX OF CHILD	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Male	—	—	yes.	April 18 1922

FATHER		MOTHER	
FULL NAME	William Meyers	FULL MAIDEN NAME	Nora Ellis
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Oregon
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William J Reese, MD (Physician or midwife)

Address Ontario Oregon

Given names added from a supplemental report.

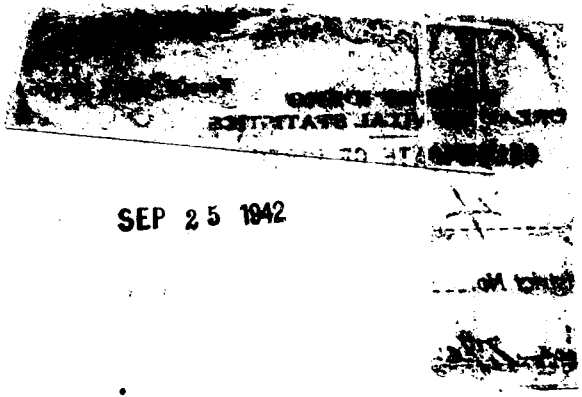
..... 19.....

Registrar

Filed Apr 19 1922 J C Woodward Registrar

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, entered.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD



SEP 25 1942

619-129-038-394

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED MAR 3 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of ..... Registration District No. 4 File No. 100516

No. ..... St.

Primary Registration District No. 1008 Registered No. 39

Hospital .....

FULL NAME OF CHILD Earl Edward Warden

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Apr 29 1922

FATHER	MOTHER
FULL NAME Earl Samuel Warden	FULL MAIDEN NAME Goldie Crum
RESIDENCE Payette Co.	RESIDENCE Payette Co
COLOR White. AGE AT LAST BIRTHDAY 29. (Years)	COLOR White. AGE AT LAST BIRTHDAY 20. (Years)
BIRTHPLACE Colorado.	BIRTHPLACE Missouri
OCCUPATION Farmer.	OCCUPATION Wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:16 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) J. O. Woodward M.D.

Physician

(Physician or midwife)

Address Payette Ida

Filed Apr 3 1922. J. O. Woodward

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAY 8 - 1922

Boise, Idaho,.....192.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital impo ance to have the full name included in the record. Kindly fill in the information requested in the blank bel and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Payette

Street: .....

County: Payette

File Number: 100516

Registration Dist. No.: 4

Sex of Child: Male

Date of Birth: April 29 192.3

Father: Earl Samuel Warden (Full Name)

Mother: Goldie Elizabeth G (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Earl Edward Warden

Child's Name in Full

Mrs. Earl S. Warden

Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
D FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.
It establishes legally the date of the child's birth, parentage itimacy.

It enables the Public Health Nurse to make sure the child has otected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com- to furnish certified copies of certificates of birth, it is im- t that the certificates be filed with the BUREAU OF VITAL STATIS- nd the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the [illegible] of each, in order of birth stated.

249-107-099-231

PLACE OF [illegible]

County of Po[illegible]

City of Cry[illegible]

[illegible] V. S. No. 11—[illegible]

[illegible]517

Registration District No. [illegible] File No. [illegible]

BUREAU OF VITAL STATISTICS

No. ..... St.

Primary Registration District No. 2072 Registered No. 379

Hospital .....

FULL NAME OF CHILD Glenn Allen Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Feb (Month) 7 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Chester Sherman Smith	FULL MAIDEN NAME	Arvilla May Blair
RESIDENCE	Crystal Idaho	RESIDENCE	Crystal Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Walnut Iowa	BIRTHPLACE	Murray Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth First Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice G. Martin

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Crystal Idaho

Filed 4—7 1922 Richard J. Noth

Registrar

Registrar

S-Y CO. 24666

[redacted]

[redacted]

FEB 8 1943

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-224-039-459

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100518

County of Power

City of American Falls Precinct No. 25 File No.

No. St.

Primary Registration District No. 2072 Registered No. 381

Hospital

FULL NAME OF CHILD Cecelia Fay McBride

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.				Yes	March 24th 1922

	FATHER	MOTHER
FULL NAME	Joran Milton McBride	Eliza Derbyshire
RESIDENCE	American Falls	American Falls
COLOR	White	White
AGE AT LAST BIRTHDAY	43 (Years)	41 (Years)
BIRTHPLACE	Utah	England
OCCUPATION	Electrician	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was Normal Live (Born alive or stillborn) at 11:45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) Richard F. Nock

Physician

(Physician or midwife)

Address American Falls

Filed 4/7 1922 R. F. Nock

Registrar

AUG 23 1962

391-220-039-884

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100519

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

County of Power

City of American Falls Registration District No. 25 File No. 8

No. ____ St. ____

Primary Registration District No. 2072 Registered No. 380

Hospital Bethany

FULL NAME OF CHILD Mary Elizabeth Crawford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
Fem		1	Yes	March 20 22

FATHER		MOTHER	
FULL NAME	William Amber Crawford	FULL MAIDEN NAME	Mabel Hyder
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

(Signature) Richard F. Nolt

Physician (Physician or midwife)

Address American Falls

Filed 4-7 1922 Richard F. Nolt Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

553-10 no 40-69 3

RECEIVED

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

Registration District No. 123

File No. 100523

No. ..... St.

Primary Registration District No. .....

Registered No. 4

Hospital no

FULL NAME OF CHILD Gordon Leslie Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	3	Yes	1 / 1 / 1922

FATHER		MOTHER	
FULL NAME	Nels Louis Nelson	FULL MAIDEN NAME	Emma Wild
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Denmark	BIRTHPLACE	Idaho
OCCUPATION	Boiler maker	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed 3/23/ 1922 E. E. Hardy

Registrar

413-212-040-751

PLACE OF BIRTH

STATE [redacted] V. S. No. 11-C—25m-9-8-17

BUREAU OF [redacted]

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

Registration District No. 123

File No. 100525

No. ..... St.

Primary Registration District No. .....

Registered No. 6

Hospital .....

FULL NAME OF CHILD Barbara Jean Malin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	2	yes	1 12 1922

FATHER		MOTHER	
FULL NAME	Chas Malin	FULL MAIDEN NAME	Gertrude Pearson
RESIDENCE	Kellogg Ida	RESIDENCE	Kellogg Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Colo	BIRTHPLACE	Kansas
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg Ida

Filed 3/23/ 1922 E. E. Hard

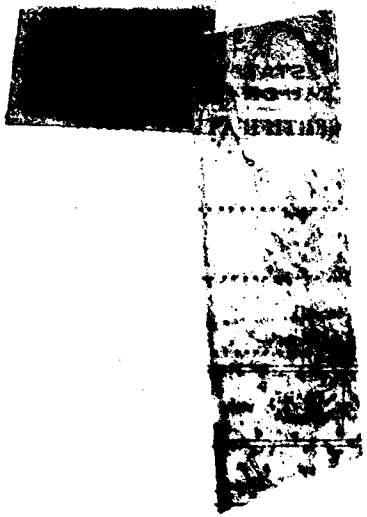
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



JAN 1 9 1954

796-112-040-698

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

Registration District No. 123

File No. 100526

No. ..... St.

Primary Registration District No. .....

Registered No. 7

Hospital .....

FULL NAME OF CHILD Elden Eugene Gross

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male	2	Yes	1 12 1922

FATHER		MOTHER	
FULL NAME	John Gross	FULL MAIDEN NAME	Elsie Fry
RESIDENCE	Omak Wash.	RESIDENCE	Omak Wash.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Oklahoma	BIRTHPLACE	Wash.
OCCUPATION	Truck Driver	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Elsie (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Kellogg Ida.

Filed 3/23/1922 E. E. Hardy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-218-040-239

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg Registration District No. 123 File No. 100527

No. ..... St.

Hospital no Primary Registration District No. ..... Registered No. 8

FULL NAME OF CHILD Marian Scragg Hartley

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Jan. 18 1911

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas. Everett Hartley	Lorena E. Scragg
RESIDENCE	Kellogg Idaho	Kellogg Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	30
BIRTHPLACE	Charleston W. Va.	Athens Ohio
OCCUPATION	Construction Engineer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 a. M. on the date above stated.

(Signature) E. E. Hardy M.D.

(Physician or ~~midwife~~)

Address Kellogg Idaho

Filed Mar 23 1911 E. E. Hardy Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

JUL 3 0 1974

JAN 9 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

764-224-040-695

County of Shoshone

City of Kellogg

No. ..... St.

Hospital no

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED

Registration District No. 123

Primary Registration District No. .....

File No. 100528

Registered No. 9

FULL NAME OF CHILD Mable Gouge

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	3	Yes	1 24 1922

FATHER		MOTHER	
FULL NAME	John Longo Gouge	FULL MAIDEN NAME	Molly Elizabeth Fink
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Tenn	BIRTHPLACE	Tenn
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 3/23/ 1922 E E Hardy

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

132-28 8 0110-113

County of Shoshone

City of Kellogg

No. ..... St.

Hospital Yes

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

100529

RECEIVED

Registration District No. 123

File No. .....

Primary Registration District No. .....

Registered No. 10

FULL NAME OF CHILD Patrica Rosanna Atkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	Yes	1 28 1922

FATHER		MOTHER	
FULL NAME	Alfred Atkins	FULL MAIDEN NAME	Marie Rose Jacquemin
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	England	BIRTHPLACE	B. C.
OCCUPATION	Smelter Man	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19 .....

Registrar

Address .....

Filed 3/23/ 1922 E. L. Hardy

Registrar

MAR 6 1945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone
665-208-040-962
City of Wardner

Registration District No. 123

File No. 100530

No. ..... St.

Primary Registration District No. .....

Registered No. 11

Hospital no

FULL NAME OF CHILD ISOBEL KATHRYN Isabell Catherine Owens

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	yes	2 8 1922

FATHER		MOTHER	
FULL NAME	Thomas Owens	FULL MAIDEN NAME	Mable Helen Roswholz
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Whales	BIRTHPLACE	Wardner Idaho
OCCUPATION	Machine Clerk	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:20 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 3/23/1922 E E Hardy

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Shoshone }

Certificate No. 100530

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Isabell Catherine Owens (Name on Original Certificate) who born (Was Born or Died) on Feb. 8, 1922 (Date of Event)
in Wardner, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on Feb. 8, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Isabell Catherine	Isobel Kathryn Owens

Subscribed and sworn to before me this 29th
day of July, 19 42
Notary Public, residing at Wardner, Idaho.
My commission expires September 14, 1943
(Seal)

Signed Nate Owens Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Wardner, Idaho,
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Shoshone }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
day of July, 19 42
Notary Public, residing at Wardner, Idaho.
My commission expires September 14, 1943
(Seal)

Signed Lena Rosenhoj
(Signature of Any Credible Person Other Than Previous Year)
Wardner, Idaho.
(Street Address, City, State)

JUL 31 1942

AUG 4 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

296-1130-10401-533

County of Shoshone

City of Kellogg

No. ..... St.

Hospital No

Form V. S. No. 11-C—25m-9-5

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 123

File No. 100531

Primary Registration District No. .....

Registered No. 12

FULL NAME OF CHILD Gerald Bernard Brown

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	3	Yes	2 - 13 - 1922

FATHER		MOTHER	
FULL NAME	Walter Scott Brown	FULL MAIDEN NAME	Ida Lillian Ellis
RESIDENCE	Enaville Ida.	RESIDENCE	Enaville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Woodsman	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 9:00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 3/23/1922 E. E. Hardy

Registrar

K

OCT 2 9 1942

MAR 2 0 1950

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

235-115 Ph 040-154

County of Shoshone

City of Kellogg

No. ..... St.

Hospital no

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 123

File No. 100532

Primary Registration District No. .....

Registered No. 13

FULL NAME OF CHILD Gordon Lee Steward

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	2	Yes	2 15 22

FATHER		MOTHER	
FULL NAME	Guy Daniel Steward	FULL MAIDEN NAME	Edna Olina Anderson
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Kansas	BIRTHPLACE	Montana
OCCUPATION	Teamster	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.00 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 2/23/ 19 2 E. E. Hardy

Registrar

DEC 24 1941

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

C114-218-040869

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100533

County of Shoshone

City of Kellogg

No. ..... St.

Registration District No. 123 File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. 14

FULL NAME OF CHILD Charlotte May Maddox
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—		—	yes	Feb 18 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? yes - Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Chas Henry Maddox	FULL MAIDEN NAME	Lydia Dorothy Yorkes
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Roscoe Missouri	BIRTHPLACE	Odessa Wash
OCCUPATION	Motor man on mine motor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Hardy M.D.

(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Kellogg Idaho

Filed 3/23/ 1922 E. E. Hardy
Registrar.

JUL 31 1958

DUP OF 1922-108791

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

693-223-0010-689

County of Shoshone

City of Kellogg

No. ..... St.

Hospital No

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED APR 21 1922

CERTIFICATE OF BIRTH

Registration District No. 123

File No. 100534

Primary Registration District No. .....

Registered No. 15

FULL NAME OF CHILD Catherine Margret Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	1	Yes	2 23 1922

FATHER		MOTHER	
FULL NAME	Charles Edward Williams	FULL MAIDEN NAME	Laura White
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Virg	BIRTHPLACE	Virg
OCCUPATION	Electrician	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address .....

Filed 3/23 1922 E. E. Hardy

Registrar

753-125-040-295

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100535

County of Shoshone

City of Kellogg

No. ____ St. Registration District No. 123 File No. ____

Hospital ____ Primary Registration District No. ____ Registered No. 16

FULL NAME OF CHILD Howard Pecnek

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	Yes.	Feb 25 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME John Henry Pecnek	FULL MAIDEN NAME Irena Singer
RESIDENCE Kellogg Idaho	RESIDENCE Kellogg Idaho
COLOR White AGE AT LAST BIRTHDAY 34 (Years)	COLOR White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Germany	BIRTHPLACE Hungary
OCCUPATION Smelter Refinery man	OCCUPATION Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 a. M. on the date above stated.

(Born alive or stillborn)

(Signature) E. E. Hand M.D.

(Physician or midwife)

Address Kellogg Idaho

Filed 3/5/31 1922 E. E. Hand

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

128-201-040-551

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

100536

Registration District No. 123 File No. .....

Primary Registration District No. ..... Registered No. 17

FULL NAME OF CHILD Charlotte Ashcroft

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	4	Yes	2 1 1922

FATHER		MOTHER	
FULL NAME	Clarence Ashcroft	FULL MAIDEN NAME	Mary Evans
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 4 alive (Born alive or stillborn), at 7 30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. S. Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg Ida

Filed 3/29/ 1922 E. L. Hardy

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 27 1945

265-224-040-636

Form V. S. No. 11-C—25m-6-8-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

Registration District No. 123

File No. 100537

No. ..... St.

Primary Registration District No. .....

Registered No. 18

Hospital Wardner

FULL NAME OF CHILD Kathryn Agnes Boehm

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	2	Yes	2 24 1922

FATHER		MOTHER	
FULL NAME	Henry Boehm	FULL MAIDEN NAME	Agnes O'Conner
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	North Dakota	BIRTHPLACE	Ireland
OCCUPATION	R. R. Express Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg Idaho

Filed 3/29 1922 E. E. Hardy

Registrar

Registrar

WRITE PLAIN ... WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

864-226-040-469

County of Shoshone

City of Kingston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 123 File No. 100538

Primary Registration District No. ..... Registered No. 19

FULL NAME OF CHILD Charles ~~Alvin~~ Ivan Young

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	6	Yes	2 26 1922

FATHER		MOTHER	
FULL NAME	Thomas Smith Young	FULL MAIDEN NAME	Isabella Morrison
RESIDENCE	Kingston	RESIDENCE	Kingston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Scotland	BIRTHPLACE	Scotland
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg Idaho

Filed 3/29/ 1922 E. E. Hardy

Registrar

Registrar

154-120-040-815

Form V. S. No. 11-C—25m-9-3-17

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

Registration District No. 123

File No. 100539

No. ..... St.

Primary Registration District No. .....

Registered No. 20

Hospital ..... George Louis Anderson

FULL NAME OF CHILD ~~Palmer~~ Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Mar. 20 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Palmer Anderson	FULL MAIDEN NAME	Bernice Hannivalt
RESIDENCE	Kellogg Idaho	RESIDENCE	Kellogg Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	His	BIRTHPLACE	Missouri
OCCUPATION	Deliveryman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W C Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg Ida

Filed 3/29 1922

E E Hardy
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK- THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 362-121-040-492

County of Shoshone

City of Kellogg

No. ..... St.

Hospital [redacted] NO

[redacted]TATE OF IDAHO
[redacted]U OF VITAL STATISTICS
[redacted]TIFICATE OF BIRTH

Registration District No. 123

File No. 100540

Primary Registration District No. .....

Registered No. 51

FULL NAME OF CHILD Eric Lassfolk

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	3	Yes	3 21 1922

FATHER		MOTHER	
FULL NAME	John Lassfolk.	FULL MAIDEN NAME	Anna Josephine Mikels
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed 3/29/ 1922 E. E. Hardy

Registrar

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[redacted]

DECEASED

319206-041-614

Amended 6-14-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 100542
Local Reg. No. 42
Reg. Dist. No. 77

1. PLACE OF BIRTH
a. COUNTY: Teton
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Driggs
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Teton
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Driggs
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Leah
b. (Middle): Isabel
c. (Last): Carlson

4. SEX: F.
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH: (Month) March (Day) 6, (Year) 1922

FATHER OF CHILD

7. FULL NAME
a. (First): Carl
b. (Middle): A.
c. (Last): Carlson

8. AGE (At time of this birth): 26 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Idaho
10. USUAL OCCUPATION: Ranchman
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mary
b. (Middle): Leah
c. (Last): Waddell

13. AGE (At time of this birth): 20 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: H. H. Culbertson
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Driggs, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 4/6/1922
22. REGISTRAR'S SIGNATURE: Martha Marker
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
...N OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JUN 8 1966 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 100542

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Leah Isabelle Carlson (Name on Original Certificate) who was born (Was Born or Died) on March 6, 1922 (Date of Event) in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Leah Isabelle Carlson	Leah Isabel Carlson
Full Maiden Name of Mother	Leha Mary Waddell	Mary Leah Waddell

Subscribed and sworn to before me this 7th day of June, 19 66

Notary Public, residing at Driggs

My commission expires July 10, 1967

(Seal)

Signed Earl A Carlson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Teton }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of June, 19 66

Notary Public, residing at July 10, 1967

My commission expires Driggs, Idaho

(Seal)

Signed Elva Waddell Morgan
(Signature of Any Credible Person)

Willard R. Morgan
(Street Address, City, State)
Box 364 Driggs Idaho.

FORM DH 60-155 CL 5-12-66. nm

Own Child's Birth Cert. on file: (Idaho Birth) #50-11449 gives full maiden name of mother as Leah Isabel Carlson - viewed by V.S.

L.D.S. Church Cert. of Blessing, April 2, 1922 gives full name as Leah Isabel Carlson, daughter of Carl A. Carlson and Mary Leah Waddell, born March 6, 1922 at Alta, Wyoming - viewed by V.S.

L.D.S. Church Cert. of Baptism and Confirmation, April 6, 1930 gives full name as Leah Isabel Carlson, daughter of Carl A. Carlson and Mary Leah Waddell, born March 6, 1922 at Alta, Wyoming - viewed by V.S.

247-113-041-255

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

County of Teton
City of Driggs
No. ____ St.
Registration District No. 77
File No. 100543
Primary Registration District No. 2176
Registered No. 40
Hospital ____

FULL NAME OF CHILD LYLE KENT Burton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	March 13 1922

FATHER		MOTHER	
FULL NAME	Alfred Justa Burton	FULL MAIDEN NAME	Marcales Edith Kent
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancheman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. K. Gulbertson
Physician
(Physician or midwife)

Address Driggs Idaho

Given names added from a supplemental report.

____ 19____

____
Registrar

Filed 4/6 1922. Martha Marker
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Cache }

Certificate No. 100543

Date Filed Dec 30

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Lyle Kent Buxton (NAME ON ORIGINAL CERTIFICATE) who ~~was born~~ (WAS BORN OR DIED) on March 13 1922 (DATE OF EVENT)
in Preston (PLACE OF EVENT) Idaho ~~are erroneous~~ or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Buxton	Lyle Kent Buxton

Subscribed and sworn to before me this 30
day of Dec, 1941

G. T. Pond
Notary Public, residing at Lewiston
My commission expires July 19 1942
(SEAL)

Signed A L Buxton Father
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Lewiston Utah
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on Jan 5 1942 By .....
(REGISTRAR'S SIGNATURE)

269-202 041-413

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Teton

City of Driggs

No. ____ St.

Registration District No. 77

File No. 100544

Primary Registration District No. 2174

Registered No. 39

Hospital ____

FULL NAME OF CHILD Constance Sorensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	April 2 1922

FATHER

FULL NAME: Arnold L. Sorensen

RESIDENCE: Driggs

COLOR: W

AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Utah

OCCUPATION: Ranchman

MOTHER

FULL MAIDEN NAME: Ruth O. Mallard

RESIDENCE: Driggs

COLOR: W

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: North Carolina

OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P M. on the date above stated.

(Signature) N. D. Gilbertson

Physician

(Physician or midwife)

Address Driggs Idaho

Filed 4/6 1922 Martha Marker Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City ...Driggs.....

Street .....

County ...Teton.....

File Number .....100544.....

Registration Dist. No. .....

Sex of Child.....Female.....

Date of Birth ...April.....2.....1922

Father Arnold L Sorensen (Full Name) Mother Ruth Pearl Mallard (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Constance Sorensen
Child's Name in Full

Ruth M. Sorensen
Signature of Father or Mother

MAY 27 1965

MAR 12 1976

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

793-208-041-212

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Teton

City of Driggs

No. ..... St.

Hospital .....

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 100545

Primary Registration District No. 2176 Registered No. 40

FULL NAME OF CHILD Barbara Lou Pickett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
7		yes	March 8 1922

FATHER		MOTHER	
FULL NAME	Fred Ray Pickett	FULL MAIDEN NAME	Louise May Baker
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Forest Ranger	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. S. Culbertson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Driggs Idaho

Filed 4/6 1922 Martha Marker Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUL 5 1962
BUREAU OF VITAL STATISTICS

...E OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAR 8 1962 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Driggs

Street:

County: Teton

File Number: 100545

Registration Dist. No.:

Sex of Child: Female

Date of Birth: March 8 1962

Father: Fred Ray Pickett (Full Name)

Mother: Louie May Baker Pickett (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Barbara Lou Pickett
Child's Name in Full

Ray Pickett Louie B. Pickett
Signature of Father or Mother

SEP 21 1973

SEP 20 1943

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

543422.041-693

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

County of Teton

City of Driggs Registration District No. 77 File No. 100546

No. _____ St.

Hospital home Primary Registration District No. 2176 Registered No. 38

FULL NAME OF CHILD George Dewey Edlefson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)	(Day)	(Year)
boy				Yes	march	22	22

FATHER		MOTHER	
FULL NAME	Marion Edlefson	FULL MAIDEN NAME	Mabel Wilson
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Leigh Idaho	BIRTHPLACE	Sedalia Missouri
OCCUPATION	teamster	OCCUPATION	mother

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 o'clock P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emily J. Beesley

Midwife
(Physician or midwife)

Address Driggs Idaho

Given names added from a supplemental report.

_____ 19____

_____
Registrar

Filed 4/6 1922 Martha Marker
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

335708-041-963

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

County of Teton

City of Bates District No. 77 File No. 100547

No. ____ St.

Hospital ____ Primary Registration District No. 2176 Registered No. 37

FULL NAME OF CHILD Levi Nuel Clements

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy		yes	march 8th 1922

FATHER		MOTHER	
FULL NAME	W. S. Clements	FULL MAIDEN NAME	Sophie Roth
RESIDENCE	Bates	RESIDENCE	Bates
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Springville Utah	BIRTHPLACE	Salt Lake Utah
OCCUPATION	farmer	OCCUPATION	mother

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5-45 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

Registrar

(Signature) Emily J. Beesley

midwife
(Physician or midwife)

Address Driggs Ida.

Filed 4/6 1922 Martha Marker
Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
MAY 31 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, MAY 8 - 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of v ance to have the full name included in the record. Kindly fill in the information requested in the t and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STAT

Place of Birth
- City: Bates Idaho.
- Street:
- County: Tetom

File Number: 100547

Registration Dist. No.:

Date of Birth: March 8

Sex of Child: Male

Father: Nephia Sterling Clements.
Full Name

Mother: Sophia Roth
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Levi Nuel Clements.
Child's Name in Full

Nephia Sterling Clemen
Signature of Father or

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

785-121-041-632

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Teton

City of Tetonia

Registration District No. _____ File No. 100548

No. _____ St.

Primary Registration District No. _____ Registered No. 36

Hospital _____

FULL NAME OF CHILD Baby Phersen Junior, Glenn, Phersen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				Yes	Feb. 7 1922

FATHER		MOTHER	
FULL NAME	Glenn Phersen	FULL MAIDEN NAME	Leona Olsen
RESIDENCE	Tetonia Idaho	RESIDENCE	Tetonia Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Caroline Rammell

Midwife (Physician or midwife)

Address Tetonia, Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 4/6 1922 Martha Marker Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dec. 21, 1926. 1,611,954

995-1/31-c42-336

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. [redacted]

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 1021

File No. 100549

No. ____ St.

Primary Registration District No. 2087

Registered No. ____

Hospital ____

FULL NAME OF CHILD Robert William Ring

Sex of Child	Twin / Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy				Yes	March 31st (Month) (Day) 1922 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Otto William Ring	FULL MAIDEN NAME	Anna May Cloud
RESIDENCE	Buhl, Idaho	RESIDENCE	Buhl, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Osage, Iowa	BIRTHPLACE	Amherst, Mass.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Mrs. C. Guercio

(Physician or midwife)

Address Elen, Idaho

Filed 4-14 1922 J. H. Murphy Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

SEP 11 1942

689-101-42-572

PLACE OF BIRTH

RECEIVED MAY

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 100550

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Joseph Parley White
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	4-1-1922

What bactericidal solution was used in eyes? 10% Argyrol.

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	J. P. White	FULL MAIDEN NAME	Marguerite Egbert.
RESIDENCE	Buhl.	RESIDENCE	Same.
COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3.45 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D.
(Physician or midwife)

Address Buhl Ida

Filed 4-2 1922 J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

DEC 1 3 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

OFFICIAL SEAL
LUCILLE E. BLOOM
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires May. 23, 1976

Affidavit to Correct or Amend An Original Certificate of Birth or Death

Certificate No. 100550

Date Filed

State of California
County of Los Angeles } ss.

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed White (Male) (Name on Original Certificate) who was born (Was Born or Died) on Apr. 1, 1922 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Joseph Parley White, Jr.

Lucille E. Bloom

Subscribed and sworn to before me this 22nd day of December, 1972.

Notary Public, residing at Whittier, Calif.
My commission expires May 23 - 1976
(Seal)

Signed X Joseph Parley White
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

RECEIVED
VITAL STATISTICS
DEC 25 AM '72

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 12/13/72

Rush!

JAN 8 1973

Family Group record from LDS Church gives father's name as Joseph Parley White and the mother's name as Grace Marguerite Egbert. Gives name as Joseph Parley White, Born April 1, 1922. Viewed by V. S.

Certificate of Baptism and Confirmation dated Aug. 2, 1931.gives name as Joseph Parley White son of Joseph Parley White and Grace M. Egbert. Born April 1, 1922 Was Baptized Aug. 2, 1931. Viewed by V. S.

854-101-042-413

PLACE OF BIRTH

RECEIVED MAY 8 19[illegible] BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 100551

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Marvin Everette Heazinger
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	4 1 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Antone Heizinger	FULL MAIDEN NAME	Minnie Machacek
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ill	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey

Phys
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

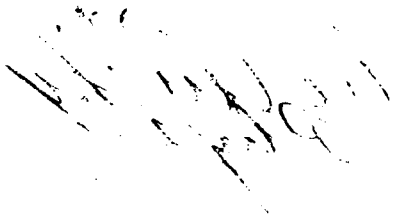
.....
Registrar.

Address .....

Filed APR 30 1922 J. H. Humphrey Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



BUREAU OF VITAL STATISTICS

Boise, Idaho, MAY 4 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Buhl; Street: ; County: Twin Falls

File Number: 100551

Registration Dist. No.:

Date of Birth: April 1st 192 2

Sex of Child: Male

Father: Anton Herzinger (Full Name)

Mother: Minnie Herzinger (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Marvin Everette Herzinger
Child's Name in Full

Minnie Herzinger
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD

[redacted] 2-042-168

[redacted] OF BIRTH

RECEIVED [redacted] AHO

[redacted] LIC WELFARE

MAY 8

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 100552

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Alice Joyce Carson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	4 2 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Fred C. Carson	FULL MAIDEN NAME	Alice Joyce
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	North Carolina	BIRTHPLACE	North Carolina
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky
Phys
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed APR 30 1922 192 J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JUN 2

69 PLACE OF BIRTH 684-842-862

RECEIVED MAY 8

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ____ St.

Registration District No. 39 File No. 100553

Hospital ____ Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD Marian E. Winn

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	4 4 1922

What bactericidal solution was used in eyes? argyrol 20 %

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	A. E. Winn	FULL MAIDEN NAME	Maud Robson
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, **at** 2:00 A. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) J. F. Murphy

(Physician or midwife)

Address Buhl Idaho

Filed APR 30 1922 J. F. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, MAY 8 - 1922 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

1922

Place of Birth: City Buhl; Street; County Twin Falls

File Number 100553

Registration Dist. No.

Date of Birth April 4th 1922

Sex of Child Male

Father Albert Eugene Winn (Full Name)

Mother Maude Hobson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Marvin E. Winn
Child's Name in Full

Mrs. Maude Winn.
Signature of Father or Mother

DEC [illegible]

MAR 26 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

249-204-042-764

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.
City of Buhl.
No. ____ St.
Hospital ____

Registration District No. 39 File No. 100554
Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD Angeline Clara Brimhall
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	and		Yes.	4-4 1922

What bactericidal solution was used in eyes? 10% argyrol.

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	HARRIS H. P. Brimhall	FULL MAIDEN NAME	KATIE Katy Gough.
RESIDENCE	Buhl.	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Merrifield M.D.
(Physician or midwife)

Address Buhl Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed APR 30 1922 J. N. Merrifield
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1922-241908

NOT

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Buhl Idaho

Street: R F D 4

County: Buhl Idaho

File Number: 100554

Registration Dist. No.:

Sex of Child: Female

Date of Birth: April 4 1922.

Father: Jas Harris Brimhall (Full Name)

Mother: Statie Gough (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Angeline Clara Brimhall
Child's Name in Full

Mrs Statie Brimhall
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

243-206-042-767

PLACE OF BIRTH

RECEIVED MAY 8 19[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ____ St.

Hospital

Registration District No. 31 File No. 100555

Primary Registration District No. 2081 Registered No.

FULL NAME OF CHILD Margaret Adele Sutton
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	4 6 192 2

What bacteriocidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	William P. Sutton	FULL MAIDEN NAME	Margaret Elvie Pope
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Washington
OCCUPATION	Christian Minister	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3:15 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) [signature]
(Physician or midwife)

Address [illegible]

Filed APR 30 1922 J. A. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 29 1956

439-109.042-619

PLACE OF BIRTH

RECEIVED
MAY 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. _____ St.

Hospital _____

Registration District No. 39 File No. 100556

Primary Registration District No. 2087 Registered No. _____

FULL NAME OF CHILD Hugo Louis Ulrich

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	4 - 9 - 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

	FATHER	MOTHER
FULL NAME	Louis John Ulrich	Ida Hulda Warner
RESIDENCE	Buhl	Buhl
COLOR	Wht	Wht
AGE AT LAST BIRTHDAY (Years)	32	29
BIRTHPLACE	Mo.	Neb.
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Jennings M.D.

(Physician or midwife)

Address Buhl

Filed APR 30 1922 J. H. Murphy Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Filer

Street:

County: Twin Falls

File Number: 100556

Registration Dist. No.:

Date of Birth: April 6th, 1922.

Sex of Child: Male

Father: Louis D. Ulrich (Full Name)

Mother: Ida Werner (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Hugo Louis Ulrich (Child's Name in Full)

Mrs. Louis Ulrich (Signature of Father or Mother)

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD

555-21C:042-231

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAY 8 1922

BUREAU OF VITAL STATISTICS

County of Twin Falls
City of Buhl
No. ____ St. ____
Hospital ____

Registration District No. 39 File No. 100557
Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD Doris Ruth Venter
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem			Yes	4-10-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Gedney Venter	FULL MAIDEN NAME	Theresa Mary Standing
RESIDENCE	Buhl, Ida.	RESIDENCE	Buhl
COLOR	wht.	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Wyoming.	BIRTHPLACE	Utah
OCCUPATION	Chiropractor	OCCUPATION	Waitress

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Jennings M.D.
(Physician or midwife)

Address Buhl

Filed APR 30 1922 J. N. Murphy
Registrar.

Give names added from a supplemental report.

....., 19.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 9 1969

NOV 2 0 1943

819.110.042349

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 8 1922

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 100558

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Glen Robert Hart
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	4 10 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Chas E. Hart	FULL MAIDEN NAME	Ethel M. Currington
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Minn.,	BIRTHPLACE	Wis.,
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Phys.
(Physician or midwife)

Address Buhl Ida

Filed APR 30 1922 J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Buhl

Street:

County: Twin Falls

File Number: 100558

Registration Dist. No.:

Date of Birth: April 10 1922

Sex of Child: Male

Father: Chas. C. Hart (Full Name)

Mother: M. Ethel Cunnington (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Glen Robert Hart
Child's Name in Full

Mrs. Chas. C. Hart
Signature of Father or Mother

Birth Registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

646-211-042-466

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

RECEIVED MAY 8 1922

Registration District No. 39 File No. 100559

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	4 11 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Steven O'Donnell	FULL MAIDEN NAME	May Moore
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Ill.	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey

Phys. (Physician or midwife)

Address Buhl Ida

Filed APR 30 1922 J. H. Murphy Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

459-211-042-213

PLACE OF BIRTH

RECEIVED MAY 8 19[illegible] BUREAU

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls
City of Buhl
No. ____ St.
Hospital ____

Registration District No. 39 File No. 100560
Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD James Arthur Meredith
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	4 – 11 – 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	James Arthur Meredith	FULL MAIDEN NAME	Salome Mildred Batton
RESIDENCE	Buhl, Ida.	RESIDENCE	Buhl
COLOR	Wht.	COLOR	Wht.
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Jenning D.M.D.
(Physician or midwife)

Address Buhl, Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed APR 30 1922 J. W. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 3 0 1973

AUG 1 0 1942

264-112-042-463

PLACE OF BIRTH

RECEIVED MAY 8 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100561

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39 File No. .....

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Edgar Wayne ~~Bourquin~~ Bourquin
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes.	4-12 1922

What bactericidal solution was used in eyes? 10% argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	E. W. ~~Bourquin~~ Bourquin	FULL MAIDEN NAME	Johanna Molitor
RESIDENCE	Buhl	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	~~Johanna Molitor~~ Kan	BIRTHPLACE	Kan.
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4.30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Buhl Ida

Filed APR 30 1922 J. H. Murphy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/20/41 L. B.

29687-042-856

PLACE OF BIRTH

RECEIVED
MAY 8 1922
BUREAU VITAL STATISTICS
STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.
City of Buhl.
No. ..... St.
Hospital .....

Registration District No. 39
Primary Registration District No. 2087

File No. 100562
Registered No. .....

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.				Yes	4-17-1922

What bactericidal solution was used in eyes? 10% Argyrol.

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 6

FATHER		MOTHER	
FULL NAME	J. W. Brown.	FULL MAIDEN NAME	Ethel Hurlet.
RESIDENCE	Buhl.	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33.
BIRTHPLACE	Ida.	BIRTHPLACE	Mo.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4.30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy. M.D.
(Physician or midwife)

Address Buhl Ida

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed APR 30 1922 J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1922-409664

BREWER

391-119-042-165

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 3 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls. City of Buhl. No. ____ St. Hospital ____

Registration District No. 39 File No. 100563

Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD George Theadore Crawford

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.				Yes.	4-19-1922

What bactericidal solution was used in eyes? 10% Argyrol.

Number of child of this mother, including present birth 3 (Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	J. R. Crawford.	FULL MAIDEN NAME	Mary Jones.
RESIDENCE	Buhl.	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	26.
BIRTHPLACE	Ill.	BIRTHPLACE	Ore.
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M. D. (Physician or midwife)

Address Buhl Ida

Filed APR 30 1922 J. H. Murphy Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A C
FOR [illegible] AND THE S [illegible]

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Buhl

Place of Birth — Street: .....

Place of Birth — County: Twin Falls

File Number: 100563

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: April 19 192 2

Father: Jacob Ray Crawford (Full Name)

Mother: Mary Esther Jones (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

George Theodore Crawford
Child's Name in Full

(Mrs) J. R. Crawford
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

FEB 25 1952

354-221-042-154

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 100564

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Norma Louise Tvody
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	4 21 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Stanley Tvody	FULL MAIDEN NAME	Gertude Anderson
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	North Dakota	BIRTHPLACE	Ill
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9.40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky
Phys
(Physician or midwife)

Address Buhl Idaho

Filed APR 30 1922 192 J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 26 1972

363-125-042-545

PLACE OF BIRTH

RECEIVED MAY 8 1922 BUREAU ST

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Three Creek

No. ..... St.

Registration District No. 39 File No. 100565

Hospital .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Troy Leranzo Colyer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	4 25 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	T. G. Collier Colyer	FULL MAIDEN NAME	Lois Emery
RESIDENCE	Three Creek	RESIDENCE	Three Creek
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Montana	BIRTHPLACE	Ill
OCCUPATION	Cattleman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey

Phys (Physician or midwife)

Address Buhl Ida

Filed APR 30 1922 J. H. Murphy Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 21 1962

JAN 16 1952

814-129-042-291

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 100566

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes.	4 - 29 1922

What bactericidal solution was used in eyes? 10% Argyrol.

Number of child of this mother, including present birth 3. Number of child of this mother now living, including present birth 3.

FATHER		MOTHER	
FULL NAME	Alvin Hamp.	FULL MAIDEN NAME	Hanna Bradshaw.
RESIDENCE	Buhl.	RESIDENCE	Same.
COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Idaho.
OCCUPATION	Hotel Prop.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy
M.D.
(Physician or midwife)

Address Buhl Ida

Filed APR 30 1922 J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

918-201-042-236

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1923

CERTIFICATE OF BIRTH

County of Twin Falls.
City of Buhl.
No. ..... St.
Hospital .....

Registration District No. 39 File No. 100567
Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Velta Lou Raymond
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
4.		Yes.	3 1 192x

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 11 Number of child of this mother now living, including present birth 9

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Vanness Spencer Raymond.	Lydia Pearl Scott.
RESIDENCE	Buhl.	Same
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	47	44
BIRTHPLACE	Utah.	Utah.
OCCUPATION	Nature Doctor.	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Murphy M.D.
(Physician or midwife)

Address Buhl Ida

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 3 x 192x J. N. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/28/41 L. D.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
MAY 24 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, MAY [illegible] 1922

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Buhl.

Street: 116-8th Ave

County: Twin Falls

File Number: 100567

Registration Dist. No.:

Date of Birth: March 1st 1922

Sex of Child: Female

Father: Vanness Spencer Raymond (Full Name)

Mother: Lydia Pearl Scott (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Velta Lon Raymond (Child's Name in Full)

Mrs. Pearl Raymond (Signature of Father or Mother)

445-201-042-859

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 31 1922 SOUTH CENTRAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 100568

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Helen Marie Dunn
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	3 1 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Edward M. Dunn	FULL MAIDEN NAME	Edith Herendeen
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Ill	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey
Phys.
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address .....

Filed MAR 31 1922 192 J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

REASONS WHY A CERTIFI
D AND THE SAME COMP

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Buhl

Street: .....

County: Twin Falls

File Number: 100568

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: March 1 1922.

Father: Edward M. Dunn
Full Name

Mother: Edith Floy Herendeen Dunn
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Helen Marie Dunn
Child's Name in Full

Edith F. Dunn
Signature of Father or Mother

- - - - - - - - - - - - MAR

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

314.106.042-857

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 100569

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Esao Tada. (TADA)
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	3-6-192-

What bacteriocidal solution was used in eyes? 10% argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth -

FATHER		MOTHER	
FULL NAME	I. Tada	FULL MAIDEN NAME	M. Higashi
RESIDENCE	Buhl.	RESIDENCE	Same
COLOR	Yellow	AGE AT LAST BIRTHDAY (Years) 45	COLOR Yellow AGE AT LAST BIRTHDAY (Years) 41
BIRTHPLACE	Japan.	BIRTHPLACE	Japan.
OCCUPATION	Cook.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Murphy M.D. (Physician or midwife)

Address Buhl Ida

Give name [redacted] from a supplemental report.

....., 19....

..... Registrar.

Filed MAR 31 1922 J. N. Murphy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2

JUL 22 1954

MAY 23 1949

DEC 29 1949

Dup of 1922-223239

268-207-042 -449

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39 File No. 100571

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Florence Theresa Boyd
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem			Yes	3-7-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Charles Boyd	FULL MAIDEN NAME	Sadie Theresa Murray
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mont.	BIRTHPLACE	Wyo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Jennings M.D.
(Physician or midwife)

Address Buhl, Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed MAR 31 1922 19..

J. W. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

515-111-642-841

PLACE OF BIRTH

STATE OF ID[illegible]
[illegible]TMENT OF PU[illegible]
[illegible]UREAU OF VITAL [illegible]

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

RECEIVED APR 2[illegible] 192[illegible]

CERTIFICATE OF BIRTH

100572

Registration District [illegible] 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Forrest Edwood Nanney
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	3 11 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Geo. W. Nanney	FULL MAIDEN NAME	Nessie Qualls
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ida.	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7:20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] McClusky
Phys
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed MAR 31 1922 192..

J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1949

APR 5 1949

JUN 27 1957

4/28/41 L. B.

AFFIDAVIT

April 21, 1941

I, Nessia Rebecca Nanney, hereby affirm that Forrest Elwood Nanney was born on the 11th day of March 1922 at Buhl Idaho.

Fathers name;
George Washington Nanney

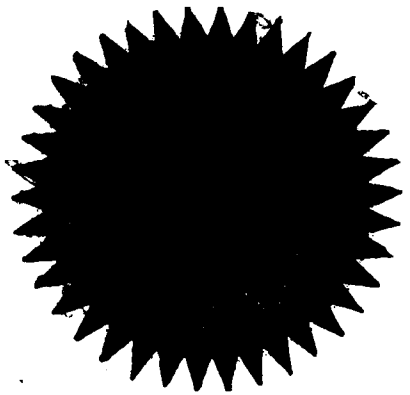
Mothers maiden name;
Nessia Rebecca Qualls

I further certify that the sur-name is Nanney and not Nanny.

Nessia Rebecca Nanney
Mother

STATE OF CALIFORNIA, }
County of Los Angeles } ss.

OCT 12 1943



ON THIS 21 day of April, A.D., 19 41, before me,
Jordan A. Berg
a Notary Public in and for said County and State, personally appeared
Nessa Rebecca Nanney, known to me,
(or proved to me on the oath of _____),
to be the person whose name is subscribed to the within
Instrument, and acknowledged to me that she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

Jordan A. Berg
Notary Public in and for said County and State.

ACKNOWLEDGMENT—GENERAL—WOLCOTTS FORM 232

463-112-042-652

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECE
APR
BUREA

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 100573

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	3 12 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	P. M. Molesworth	FULL MAIDEN NAME	Kate Webb
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Iowa	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey
Phys
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed MAR 31 1922 192..

J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

844215:042-669

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 2 1922

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 100574

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Charlotte Hellen Hudson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	3 15 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Chas Hudson	FULL MAIDEN NAME	Ida Worley
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Penn.	BIRTHPLACE	Oregan
OCCUPATION	Electrician	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5:25 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Phys
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address .....

Filed MAR 31 1922 192..

J. H. Murphey
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, MAY 8 19..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Burke Idaho

Street: 224 North 13th St

County: Twin Falls Co.

File Number: 100574

Registration Dist. No.:

Sex of Child: Female.

Date of Birth: March 15 192.7

Father: Charles Stafford Hudson (Full Name)

Mother: Ida May Worley (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Charlotte Hellen Hudson

Child's Name in Full

Mrs. Chas S. Hudson

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

359-215-042-859

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ____ St. ____

Registration District No. 59 File No. 100575

Hospital ____ Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD Elva Alberta Terry

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem			Yes	3 - 15 1927

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Walter Terry	FULL MAIDEN NAME	Florence Mabel Herbst
RESIDENCE	Buhl Ida	RESIDENCE	Buhl
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Day Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, **at** 7:30 P. M. **on the date above stated.**

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fra. Jennings MD

(Physician or midwife)

Address Buhl, Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed MAR 31 1927

J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

PLACE OF BIRTH

231-216-042-231

County of Twin Falls. REC[illegible]

City of Buhl. [illegible]

No. ..... St. B[illegible]

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 100576

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Dorothy Stayner

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes.	3-16 1922

What bactericidal solution was used in eyes? 10% Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	R. Stayner	FULL MAIDEN NAME	Asynthia Blaisdell
RESIDENCE	Buhl.	RESIDENCE	Same.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Utah
OCCUPATION	Clerk.	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5.15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D.

(Physician or midwife)

Address Buhl Ida

Filed MAR 31 1922 J. H. Murphy
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 6 1942

295·216·042-797

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 100577

Primary Registration District No. 2081 Registered No. .....

FULL NAME OF CHILD Mary Lavina Kinter
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)	yes	3 16 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Harry M. Kinter	FULL MAIDEN NAME	Mona Piper
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Penn.	BIRTHPLACE	South Da.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1115 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Phys
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed MAR 31 1922 192 J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Buhl

Street: Mc Cullum Rd.

County: Twin Falls

File Number: 100577

Registration Dist. No.:

Date of Birth: March 16, 192~~2~~3

Sex of Child: Female

Father: Harry M. Winter (Full Name)

Mother: Mona Elizabeth (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Macy Lavina Winter (Child's Name in Full)

Mrs. Mona E. Winter (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are commanded to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

249-217-062-331

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100578

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 31

Primary Registration District No. 2087

File No. .....

Registered No. .....

FULL NAME OF CHILD Cane LuCeil Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem			yes	3-17-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Arley Smith	FULL MAIDEN NAME	Isabel Francis Clark
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	wht.	COLOR	wht.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Janitor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Jennings MD
(Physician or midwife)

Address Buhl Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed MAR 31 1922

J. N. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEPARTMENT OF

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NOV 10 1922
VITAL
103

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAY 8 19[illegible]

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Buhl Idaho

Street: 7th Ave.

County: Twin Falls

File Number: 100578

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: March 17 1922

Father: Arley Smith (Full Name)

Mother: Isabella F. Clark (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Edna Luceil Smith
Child's Name in Full

Mrs. Arley Smith
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

515-218-642-759

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39 File No. 100579

Hospital Buhl General Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Doris Louise Van Riper

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes.	3-18 192x

What bactericidal solution was used in eyes? 10% Argyrol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	L. H. Van Riper	Ethyle Perry
RESIDENCE	Buhl.	Same
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	24	24
BIRTHPLACE	Ill.	Mo
OCCUPATION	Farmer.	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive., at 9.30 a M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Murphy M.D.

(Physician or midwife)

Address Buhl Ida

Filed MAR 31 1922 J. N. Murphy

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 12 1966

MAY 23 1958

295-22-042769

PLACE OF BIRTH

RECEIVED
APR 21 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100580

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. .....

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Dorothy Georgia Burke

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	and	5	Yes	3-21-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Geo. Burke	FULL MAIDEN NAME	Bernice Porch
RESIDENCE	Black Foot, Ida.	RESIDENCE	Buhl, Ida.
COLOR	Wht	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Ned.	COLOR	Wht
OCCUPATION	Patient in State Asylum	AGE AT LAST BIRTHDAY (Years)	33
		BIRTHPLACE	Ken.
		OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Jennings M.D.

(Physician or midwife)

Address Buhl, Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed MAR 31 1922 J. H. Murphy
Registrar.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Buhl

Street: .....

County: Twin Falls

File Number: 100580

Registration Dist. No.: .....

Date of Birth: March 21 1922.

Sex of Child: Female

Father: George Brehe (Full Name)

Mother: Bernice Alice Porch (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has ~~been~~ named:

Dorothy Georgia Brehe

Child's Name in Full

Bernice Brehe

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

713-122-042 - 819

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922

CERTIFICATE OF BIRTH

File No. 100581

County of Twin Falls

City of Buhl

No. ..... St.

Registration District No. 39

Hospital ..... Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Miles Denver Patrick

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	2-22-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Earl D. Patrick	FULL MAIDEN NAME	Carolyn O. Hartwell
RESIDENCE	Three Creek, Ida.	RESIDENCE	Three Creek - Ida
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Geo. Jennings M D

(Physician or midwife)

Address Buhl Ida.

Filed MAR 31 1922 J. W. Murphy Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, ...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Buhl

Street: .....

County: Twin Falls

File Number: 100581

Registration Dist. No.: .....

Sex of Child: Male

Date of Birth: Feb. 22 1927

Father: Karl D. Patrick (Full Name)

Mother: Carolyn O. Hartwell (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Miles Denver Patrick
Child's Name in Full

Mrs. Karl D. Patrick
Signature of Father or Mother

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

312-214-642-695

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922

CERTIFICATE OF BIRTH

County of Twin Falls.
City of Buhl.
No. ____ St.
Hospital ____

Registration District No. 39 File No. 100582
Primary Registration District No. 2087 Registered No. ____

FULL NAME OF CHILD Iola Cassidy.
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	3-24 1922

What bactericidal solution was used in eyes? 10% argyrol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	R. T. Cassidy	FULL MAIDEN NAME	Byrd Winters
RESIDENCE	Buhl.	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28.	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mo.	BIRTHPLACE	Ida.
OCCUPATION	Farmer.	OCCUPATION	House wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M. D.
(Physician or midwife)

Address Buhl Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed MAR 31 1922 J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 0 4 1996

634-128-042-556

PLACE OF BIRTH

RECEIVED
APR 21 1922
... OF VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 100583

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Fred Bruce Olds
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	3 28 1922

What bactericidal solution was used in eyes? argyrol 20%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	W. M. Olds	FULL MAIDEN NAME	Pearl Newlan
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Carpenter	BIRTHPLACE	Mo.
OCCUPATION	Carpenter	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5 40 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. S. McClinchy
Phys
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address .....

Filed MAR 31 1922 J. H. Murphy
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Buhl

Street: .....

County: Twin Falls

File Number: 100583

Registration Dist. No. .....

Date of Birth .....192....

Sex of Child: Male

Father: Worthy M. Olds (Full Name)

Mother: Cora Pearle Newlan (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Fred Bruce Olds,
Child's Name in Full

Mrs. Worthy M. Olds
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

146-110-042-751

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 100584

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Pitt Harvey Amos

Sex of Child	Twin, Triplet or other (To be answered only in event of plural births)	Number in order of birth	Legitimate	Date of Birth (Month)	(Day)	(Year)
Male	Yes	2	Yes	3	10	1922

FATHER		MOTHER	
FULL NAME	A. F. Pitt	FULL MAIDEN NAME	Nan Pearson
RESIDENCE	Jerome, Ida.	RESIDENCE	Jerome, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Weiser Ida	BIRTHPLACE	So. Dakota
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 noon M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Pike

Physician

(Physician or midwife)

Address Twin Falls, Ida

Given names added from a supplemental report.

..... 19....

.....
Registrar

Filed April 9 1922 John F. Coughlin
Registrar

STATE OF IDAHO

RECEIVED MAY 17 1922 BUREAU OF VITAL STATISTICS

DEPARTMENT OF PUBLIC WELFARE

MAY 8 - 1922

Boise, Idaho,.....192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls

Street: 311- 4th Ave E.

County: Twin Falls

File Number .....100584.....

Registration Dist. No. .....

Sex of Child.....Male.....

Date of Birth .....Mch 10.....1922.

Father Amos Frank Hitt
Full Name

Mother Nan Pierson Hitt
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Harvey Amos Hitt
Child's Name in Full

Mrs. A. F. Hitt
Signature of Father or Mother

SEP 3 1948

JUN 12 1944

NOV 16 1943

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

893-210-042-757

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 100585

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Harriet Ruth Hitt

Sex of Child Female | Twin Triplet or other? Twin and Number in order of birth 1 (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 3 (Month) 10 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	A. F. Hitt	FULL MAIDEN NAME	Nan Pearson
RESIDENCE	Jerome Ida	RESIDENCE	Jerome Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Weiser Ida	BIRTHPLACE	So Dakota
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Ida

Filed April 9 1922 John F. Loughlin Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
MAY 1 [illegible]
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

MAY 8 - 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls

Street: 311 - 4th Ave. E.

County: Twin Falls

File Number: 100585

Registration Dist. No. .....

Date of Birth: Mar. 10 1922.

Sex of Child: Female

Father: Arias Frank Hitt
Full Name

Mother: Nan Pearson Hitt.
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Harriet Ruth Hitt
Child's Name in Full

Mrs. A. F. Hitt
Signature of Father or Mother

SEP 6 1950

JUN 12 1942

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

796-105-042-764

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 100586

No. 147 Quincy St.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	3 (Month) 5 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Henry James Prough	FULL MAIDEN NAME	Bessie Lunett Poulson
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Mo	BIRTHPLACE	Taylor, Ida
OCCUPATION	Plasterer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls

Filed April 9 1922

John S. Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

544-22-042-366

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100587

County of Twin Falls

City of Twin Falls Registration District No. 37 File No.

No. St.

Primary Registration District No. 1085 Registered No.

Hospital

FULL NAME OF CHILD Carol June Eddy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	July 22 1922

FATHER	MOTHER
FULL NAME Hugh B. Eddy	FULL MAIDEN NAME Flora Cowan
RESIDENCE Twin Falls Idaho	RESIDENCE Twin Falls Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Vermont	BIRTHPLACE Wisconsin
OCCUPATION Farming	OCCUPATION Housekeeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

(Signature) W. G. Tite

Physician
(Physician or midwife)

Address Twin Falls Idaho

Filed April 9 1922 John W. Coughlin
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAY 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAY 8 - 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls

Street: 411 6 ave East

County: Twin Falls

File Number: 100587

Registration Dist. No. .....

Sex of Child: Female

Date of Birth: March 22 192 2

Father: Hugh B. Eddy (Full Name)

Mother: Flora B. Cowan (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Carol June Eddy
Child's Name in Full

Hugh B. Eddy
Signature of Father or Mother

JUL 30 1943

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

719-225-042-464

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 100588

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Dorothy Edna Parrott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	2 (Month) 25 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	George Robert Parrott	FULL MAIDEN NAME	Jessie Mabel Moulton
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Whiting, Kansas	BIRTHPLACE	Netawalka, Kan
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:05 A M. on the date above stated.

When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Pauzer

Osteopathic physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address Twin Falls

Filed April 9 1922

John F. Houghlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

434-208-042-465

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls,

No. 657 2nd Ave. West St.

Hospital

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

Registration District No. 37

Primary Registration District No. 1085

Form V. S. No. 11-C—20m-6-5-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

File No. 100589

Registered No.

FULL NAME OF CHILD Joyce Evelyn McMechan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	2 8 22

FATHER	MOTHER
FULL NAME: John Leander McMechan	FULL MAIDEN NAME: Pearl Monda
RESIDENCE: Twin Falls, Idaho	RESIDENCE: Twin Falls, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Sarcoxie, Mo.	BIRTHPLACE: East Grand Forks,
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:40 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. L. Sawyer

Osteopathic Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Twin Falls

Filed April 9 22

John S. Coughlin
Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAY 3 - 1932

Boise, Idaho, ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls

Street: 615 2nd West

County: Twin Falls

File Number: 100589

Registration Dist. No. .....

Date of Birth: February 2 192 2

Sex of Child: Female

Father: John Franklin McMechan (Full Name)

Mother: Pearl Mondon (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Joyce Evelyn McMechan
Child's Name in Full

Mrs. J. L. McMechan
Signature of Father or Mother

MAY 15 1944

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

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It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

316-230-042-813

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED APR 21 1922 BUREAU OF STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 100590

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Nelda Mary Lawson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	3 (Month) 30 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Vernon Lawson	FULL MAIDEN NAME	Vivia Hall
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Nebraska
OCCUPATION	Serviceman (in hospital)	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 30 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Ida.

Registrar

Filed April 9 1922 John F. Loughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

389-115-042-744

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 100591

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Roy Wayne Thiatten

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	3 (Month) 15 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Wm Thiatten	FULL MAIDEN NAME	Edith Gummerson
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Mo
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 15 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Ida

Filed April 9 1922

John S. Coughlin
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 9 1943

968-222-042-281

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of ✓

No. RFD No 2 St.

Hospital —

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100593

Registration District No. 37

File No.

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD Rayl.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	Yes	March 22 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert Rayl	FULL MAIDEN NAME	Norah Shaw
RESIDENCE	RFD No 2 Twin Falls Ida	RESIDENCE	Twin Falls Ida RFD No 2
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Komoko Ind.	BIRTHPLACE	North Carolina
OCCUPATION	Rancher	OCCUPATION	Hwf.

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L. Brandon

Phys.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls Idaho

Filed April 9 1922 John F. Loughlin Registrar

Registrar

agnes 1% in yes

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1922-344637

795-224-042-765

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of ✓

No. RF Dho 2 St.

Hospital ✓

Registration District No. 37

File No. 100594

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD Margret Rose Green

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	Yes	March 24th 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Estes Green	FULL MAIDEN NAME	Anna M. Pfeifauf
RESIDENCE	Twin Falls Co (RF Dho 2)	RESIDENCE	Twin Falls Co (RF Dho 2)
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Salt Lake Ut.	BIRTHPLACE	St Louis Mo.
OCCUPATION	Rancher	OCCUPATION	Hwf

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 45 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L. Alexander

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls Ida

Filed April 9 1922 John F. Coughlin Registrar

Registrar

S-Y CO. 24655

A9 N03 (10%) in Exp

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

FULL NAME OF CHILD

Sex of Child

FATHER

NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

COLOR

BIRTHPLACE

OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

546-12-042-962

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
STATE

CERTIFICATE OF BIRTH 100595

County of Twin Falls
City of
No. R.F.D St.
Hospital

Registration District No. 137
Primary Registration District No. 2085
File No.
Registered No.

FULL NAME OF CHILD Jordan, Earl Edward
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				Yes	March 27 1922

What bacteriocidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Eldridge Jordon	FULL MAIDEN NAME	Zeta Robinson
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Idaho.
COLOR	white.	COLOR	white.
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Texas	BIRTHPLACE	Texas
OCCUPATION	farmer	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Geo L Longshore
Physician
(Physician or midwife)
Address Twin Falls, Idaho

Filed April 9 1922 John L Loughlin Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

F

RECEIVED
JUN 12 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
City: Twin Falls
Street: .....
County: Twin Falls

File Number: 100595

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: Mar. 27 1922

Father: Eldridge L. Jordan
Full Name

Mother: Zella C. Robinson
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Earl Edward Jordan
Child's Name in Full

E. L. Jordan
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

695-226-042-864

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of _____

No. _____ St.

Hospital _____

Registration District No. 37

Primary Registration District No. 2085

File No. 100596

Registered No. _____

FULL NAME OF CHILD Infant Uriehe
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes.	March 16 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Peter F. Uriehe	Martha Stodel
RESIDENCE	Twin Falls, Idaho.	Twin Falls Idaho
COLOR	white.	White.
AGE AT LAST BIRTHDAY (Years)	26	31
BIRTHPLACE	Minn.	Kans.
OCCUPATION	farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (premature) 6.9 M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Clouchek

Physician
(Physician or midwife)

Address Twin Falls, Idaho

Filed April 9 1922 John F. Coughlin
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-125-042-212

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100597

County of Twin Falls

City of —

No. — St.

Registration District No. 37 File No.

Hospital — Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Orval Vernan Matthiesen
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	3 - 25 - 1922

What bacteriecidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Peter Matthiesen	FULL MAIDEN NAME	Sarena Kistler
RESIDENCE	Twin Falls Co	RESIDENCE	T.F. Co.
COLOR	Wt	COLOR	Wt
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Oregon	BIRTHPLACE	So Dakota
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8:40 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. M. Van Cott M.D.
(Physician or midwife)

Address Twin Falls.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed April 9 1922 John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CC - 11-14-60 mlp

693-102-042-693

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

RECEIVED
APR 21 1922

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of R F Dho 3

No. ✓ St.

Hospital ✓

Registration District No. 37

File No. 100598

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD Lot Williams

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	Twin		2nd	Yes	April 2nd 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Orlo Williams	FULL MAIDEN NAME	Rose Olive Williams
RESIDENCE	Twin Falls Co-	RESIDENCE	Twin Falls Co
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Clarion Iowa	BIRTHPLACE	Okla.
OCCUPATION	Florist	OCCUPATION	Hwf.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L. Alexander
Phys-
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Twin Falls Ida

Filed April 9 1922

John F. Loughlin
Registrar

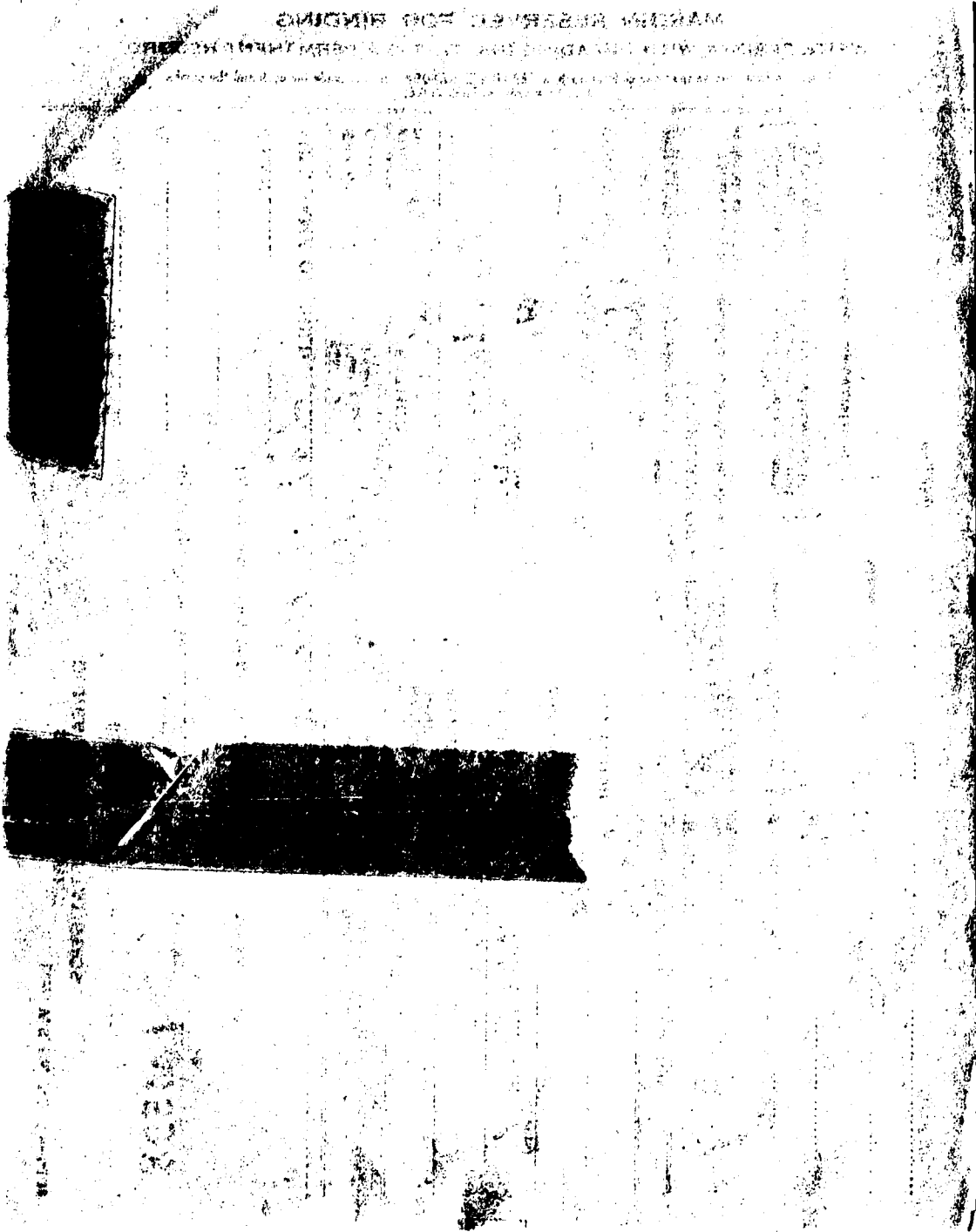
AgNO3 - 1% Solin yes

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



693-102-042-962

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

County of Twin Falls

City of ✓

No. R. F. D. No 3 St.

Hospital

Registration District No. 37

File No. 100599

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD Lou Williams

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	Twins		First	yes	April 2 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Orlo. Williams	FULL MAIDEN NAME	Rose Olive Roberts
RESIDENCE	Twin Falls Co	RESIDENCE	Twin Falls Co
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Clarion Iowa	BIRTHPLACE	Okla.
OCCUPATION	Florist	OCCUPATION	Hwf.

Number of child of this mother, including present birth ~~1~~ 2 Number of children of this mother now living, including present birth ~~1~~ 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 3 20 p.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L Alexander
Phys.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls Ida

Filed April 9 1922 John F. Loughlin
Registrar

Registrar

AgNO 3.1% in eyes

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JUN 19 1972

OCT 21 1942

NOV 13 1942

693-102-042-841

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of

No. St. Registration District No. 37 File No. 100600

Hospital Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Evans John Williams
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Apr 2 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Thomas A Evans	FULL MAIDEN NAME	Tina Icast
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Kans.	BIRTHPLACE	Ill
OCCUPATION	farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Chowdick
Physician
(Physician or midwife)

Address Twin Falls, Idaho

Filed April 9 192 John F. Loughlin
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEVE[illegible] REASONS [illegible]RTIFICATE

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
City: Twin Falls
Street: Farms
County: Twin Falls

File Number: 100600

Registration Dist. No.: Three

Sex of Child: Male

Date of Birth: April 2 1922

Father: Thomas Arthur Evans
Full Name

Mother: Tena Ada Dunst
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

John William Evans
Child's Name in Full

Thos A Evans
Signature of Father or Mother

K

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

964-125-092-284

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU

CERTIFICATE OF BIRTH

100-607

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 1[illegible]601

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital County

FULL NAME OF CHILD James Dunbar Rough

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Feb (Month) 25 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Stuart Bates Rough	FULL MAIDEN NAME	Caroline Louise Shurtleff
RESIDENCE	Paul Ida	RESIDENCE	Paul Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Nebawka Neb	BIRTHPLACE	Stratton Neb.
OCCUPATION	Supt of Schools	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Hawyer

Osteopathic Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls

Filed April 7 1922 John F. Coughlin
Registrar

Registrar

Argyrol in eyes.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3 c.c. 6/6/41. w.h.

349-203 #42-753

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital County

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 100602

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Katherene Elizabeth Currie

Sex of Child	Twin Triplet or other? X and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	3 (Month) 7 (Day) 1922 (Year)

FATHER	MOTHER
FULL NAME: Royal Joseph Currie	FULL MAIDEN NAME: Augusta B. Peterson
RESIDENCE: City Hotel - Buhl Idaho	RESIDENCE: City Hotel - Buhl Idaho
COLOR: White AGE AT LAST BIRTHDAY 28 (Years)	COLOR: White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE: Pleasantgrove Utah	BIRTHPLACE: Oakley, Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.45 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey
Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Argyrol ice eyes

Address Buhl, Ida.

Filed April 9 - 1922 John F. Coughlin
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 10 1969

NOT

Dup of 1921-100570

12-10-69

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
FEB 12 1970
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Twin Falls

Certificate No. 100602

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Currie Katherene Elizabeth (Name on Original Certificate) who was born (Was Born or Died) on March 7, 1922 (Date of Event)

in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by — (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Unnamed	Kathleen Elizabeth Currie
	Katherene Elizabeth Currie	(not Kathleen)

Subscribed and sworn to before me this 31st day of January, 1970

[signature]

Notary Public, residing at Lake City

My commission expires 1972

(Seal)

Signed Augusta B Currie
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Augusta B Currie
(Street Address, City, State)
227 No 1 West
Salt Lake City

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 1 [illegible] rec 25860 Corresp (C)

[redacted] - MAR 13 1970

Family Bible Record ofMarch 7, 1922 gives child's name as Katherene Elizabeth Currie daughter of Royal J. Currie and Augusta B. Peterson. Bon March7, 1922 at Twin Falls, ID. Viewed by V. S.

From Book "To Katheren Elizabeth Currie in remembrance of the Day of Baptism and Confirmation March 29-30, 1930 by John Fetzer, Bishop 8th Ward, Liberty Stake." Viewed by V. S.

449-2091042.555

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100603

County of Twin Falls

City of Twin Falls Registration District No. 37 File No.

No. St.

Hospital County. Primary Registration District No. 1985 Registered No.

FULL NAME OF CHILD Laura May Murphy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	March 9 1922

FATHER	MOTHER
FULL NAME: Dawson W Murphy	FULL MAIDEN NAME: Ruth Gertrude Neely
RESIDENCE: 428 N Main St Twin Falls Ida	RESIDENCE: 428 N Main Twin Falls Ida
COLOR: white	COLOR: White
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Hot Springs S. D.	BIRTHPLACE: Cheyenne Wyo
OCCUPATION: farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 10 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J R Morgan MD
(Physician or midwife)

Address Twin Falls Ida

Given names added from a supplemental report.

19

Filed April 9 1922

Registrar

Argyrol 10%

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-21-3-042-755

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No. 100604

No. ____ St.

Primary Registration District No. 1085

Hospital Twin Falls Co.

Registered No. ____

FULL NAME OF CHILD Madeline Faye Bracken

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	2	yes.	March 13 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elden G. Bracken	Goldie Irene Pennock
RESIDENCE	Twin Falls, Idaho.	Twin Falls, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	23
BIRTHPLACE	Barnard Kans.	Boulder Colo.
OCCUPATION	Vulcanizer	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.54 a.m. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson
Physician
(Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report.

19____

Registrar

Filed April 9 22

John F. Loughlin
Registrar

Original 10%

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

IDAHO

BUREAU OF VITAL STATISTICS

Boise, Idaho, [illegible] 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: Twin Falls Idaho
- Street: County Hospital
- County: Twin Falls

File Number: 100604

Registration Dist. No.

Date of Birth: Mar 13 1922

Sex of Child: Female

Father: Elden Graham Bracken (Full Name)

Mother: Goldie Irene Penn (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Madeline Faye Bracken
Child's Name in Full

Mrs. E. G. Bracken
Signature of Father or Mother

DEC

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage l legitimacy.

It enables the Public Health Nurse to make sure the child has u protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compled to furnish certified copies of certificates of birth, it is imrtant that the certificates be filed with the BUREAU OF VITAL STATIS- and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

285-117-042 693

PLACE OF BIRTH

Amended - September 23, 1949

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ____ St.

Registration District No. 37 File No. 100605

Hospital County Primary Registration District No. 1085 Registered No. ____

FULL NAME OF CHILD Vern Donald Shepherd
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 17 1942

What bacteriocidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ray Verne Shepherd	Donna Williams
RESIDENCE	Twin Falls, Idaho	Twin Falls, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	22
BIRTHPLACE	North Carolina	North Carolina
OCCUPATION	Farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:00 P. M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl Van Cott

Physician
(Physician or midwife)

Address Twin Falls, Idaho

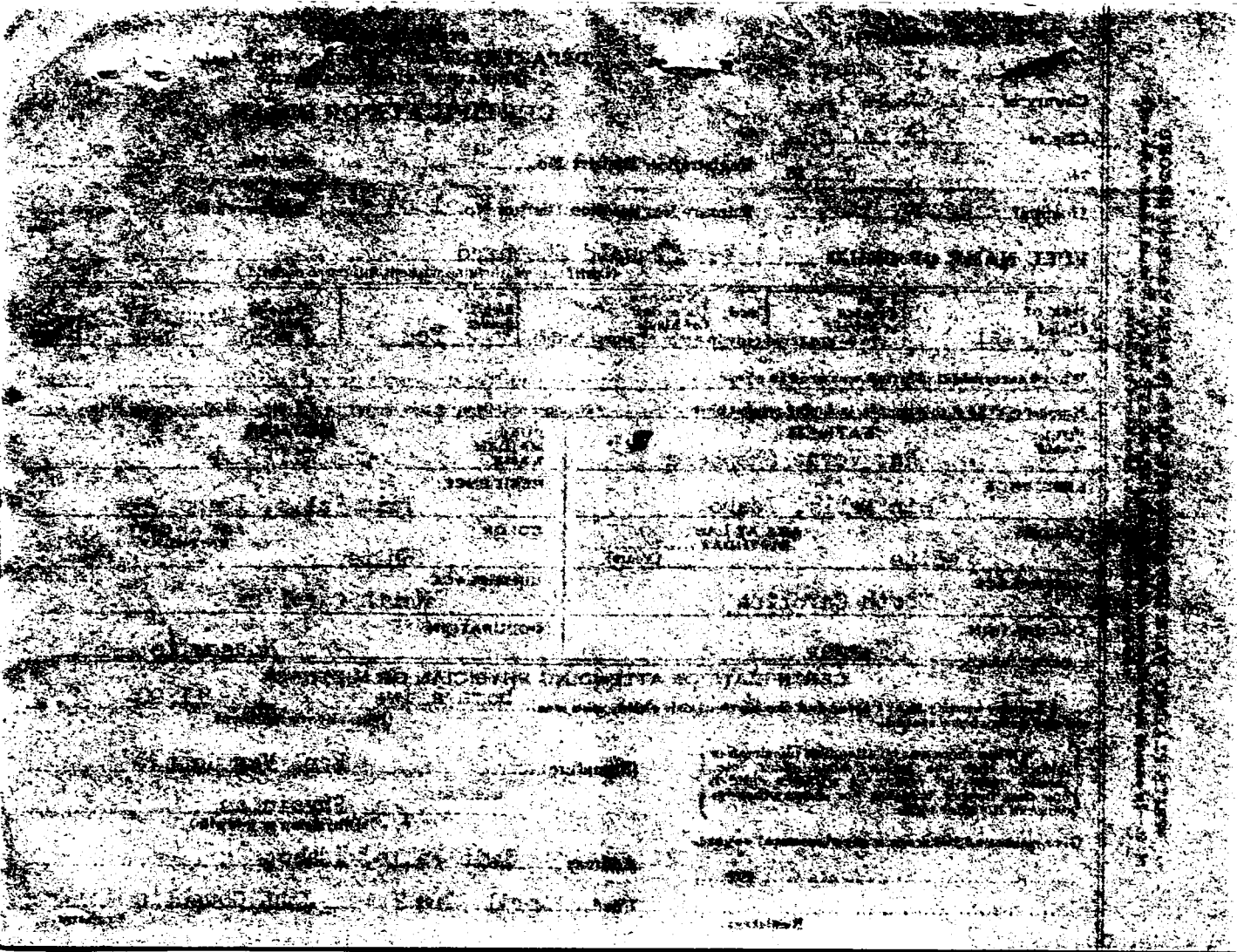
Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed April 9 1942 John Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



September 22, 1949

Bureau of Vital Statistics

Boise, Idaho

This is to certify that Vern Donald Shepherd was born on March 17, 1922 at the Twin Falls General County Hospital. Dr. Earl Van Cott was the attending physician.

This was erroneously recorded as Donald Verne Shepherd, March 16, 1922.

Mrs. Ray Shepherd
(Donna M.)

STATE OF IDAHO
County of Twin Falls

On this 23rd day of Sept. 1949 before me, the undersigned a Notary Public in and for said State and County, personally appeared Mrs. Ray Shepherd known to me to be the persons whose names appears in the above mentioned

Helen Kelly
Notary Public residing at Twin Falls, Idaho.

259-121-042-869

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Twin Falls

CERTIFICATE OF BIRTH

City of Twin Falls

Registration District No. 37

File No. 100606

No. ..... St.

Primary Registration District No. 1085

Registered No. .....

Hospital County

FULL NAME OF CHILD Irvin Jay Berkenholtz

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	3 (Month) 21 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	William Berkenholtz	FULL MAIDEN NAME	Elizabeth Hornbuckle
RESIDENCE	Eden Idaho.	RESIDENCE	Eden Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Valparisa S.A.	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls Idaho

Filed April 8 1922

John F. Coughlin
Registrar

Registrar

Argyrol 10% eye treatment.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-120-042-234

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100607

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

County of Twin Falls

City of Twin Falls Registration District No. 37 File No.

No. Primary Registration District No. 1085 Registered No.

Hospital County

FULL NAME OF CHILD Donald Neil Thompson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Mar. 20 1922

FATHER

FULL NAME Freeman James Thompson

RESIDENCE K. Berly

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Delhague Iowa

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Birda Elizebeth Stuart

RESIDENCE Kimberly

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Pittsburgh Pa.

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:45 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

(Signature) J. M. Davis
Physician
(Physician or midwife)

Address Kimberly, Idaho

Filed April 9 1922 Registrar

Registrar

Argyrol 10% in eyes

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1922-100616

613-101-042-685

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls
City of Twin Falls
No. 794 6th Ave, E St.
Hospital

Registration District No. 37
Primary Registration District No. 1085
File No. 100608
Registered No.

FULL NAME OF CHILD Wallace VAUGHAN PATRICK WALLACE
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 1 192 2

What bactericidal solution was used in eyes? Ag No 3 1%

Number of child of this mother, including present birth five
Number of child of this mother now living, including present birth four

FATHER	MOTHER
FULL NAME: George Wallace	FULL MAIDEN NAME: Madalyn A. Wynn
RESIDENCE: Twin Falls, Ida	RESIDENCE: Twin Falls, Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Pa.	BIRTHPLACE: Minn.
OCCUPATION: Merchant	OCCUPATION: Mother

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Coughlin

Phy.
(Physician or midwife)

Address Twin Falls, Ida

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed April 9 1922 John F. Coughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 10 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Twin Falls } ss.

Certificate No. 106608

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Vaughan Patrick Wallace (Name on Original Certificate) who was born (Was Born or Died) on April 1st 1922 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Vaughn	Vaughan Patrick Wallace

Subscribed and sworn to before me this 17th
day of July, 1942

Notary Public, residing at Twin Falls, Idaho

My commission expires
(Seal)

Signed Madelyn Agnes Wallace
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1431-7th Ave. E. Twin Falls, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of July, 1942

Notary Public, residing at Twin Falls, Idaho

My commission expires
(Seal)

Signed Patricia Blake
(Signature of Any Credible Person Other Than Previous Year)

244-5th Ave. E. Twin Falls, Ida.
(Street Address, City, State)

JUL 20 1942

JUL 21 1942

249-127-042-533

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100609

County of Twin Falls, City of " "

No. 405 4th ave W St. Registration District No. 37 File No.

Hospital Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Francis Etter Smith
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 27 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Earl A. Smith	FULL MAIDEN NAME	Marion Etter
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Illinois
OCCUPATION	Salesman	OCCUPATION	Music teacher

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson, Physician
(Physician or midwife)

Address Twin Falls Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed April 9 1922 John T. Loughlin
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 13 1943

Boise, Idaho,

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls

Street: 405 2nd Ave W

County: Twin Falls

File Number 100609

Registration Dist. No.

Sex of Child: Male

Date of Birth March 27 1922

Father: Earl Ottawa Smith (Full Name)

Mother: Harrison Elizabeth (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Francis Etter Smith

Child's Name in Full

Mrs E O Smith

Signature of Father or Mother

FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

955-21-C42382

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 2 BUREAU STATE

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 707 - 3 E St. Registration District No. 37 File No. 100610

Hospital —— Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Helen Elaine Reese
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	3 - 11 1922

What bactericidal solution was used in eyes? Argyrol 10 %

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Elmer Wm Reese	FULL MAIDEN NAME	Gladys Lykins
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	Wt	COLOR	Wt
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Wis.
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12:30 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E M VanCourt M D
(Physician or midwife)

Address Twin Falls

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed April 9 1922 John F. Geoghegan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 3 1974

5/8/41 L. B.

651-101-042-545

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37 File No. 100611

No. ..... St.

Primary Registration District No. 1085 Registered No. .....

Hospital Twin Falls Co.

FULL NAME OF CHILD ~~[illegible]~~ MERLE LUVERN Feamster

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	2	Yes	April 1 1922 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Walter Louis Feamster	FULL MAIDEN NAME: Jennie Nungesser
RESIDENCE: 551-2 Ave W. Twin Falls.	RESIDENCE: 551-2 Ave W. Twin Falls
COLOR: White AGE AT LAST BIRTHDAY 31 (Years)	COLOR: White AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE: Williamsberg W. Va.	BIRTHPLACE: Adair, Iowa.
OCCUPATION: Contractor & Builder	OCCUPATION: House wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Coughlin

Physician (Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Twin Falls

Filed April 9 1922 John F. Coughlin Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 27 1942 Certificate No. 100611
County of Twin Falls } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Merrill.Edward Feamster (NAME ON ORIGINAL CERTIFICATE) who Was Born (WAS BORN OR DIED) on April.1.1922 (DATE OF EVENT)
in Twin Falls.Hospital (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 1922 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Merrill Edward Feamster	Merle Luvern Feamster

Subscribed and sworn to before me this 27th day of January, 1942.

Notary Public, residing at Twin Falls

My commission expires May 28-1945
(SEAL)

Signed W. L. Feamster
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

551.2th.Ave.W.Twin Falls.Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of January, 1942.

Notary Public, residing at Twin Falls

My commission expires May 28-1945
(SEAL)

Signed Jennie Feamster
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

551.2th.Ave.W. Twin Falls.Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 27 1942 By
(REGISTRAR'S SIGNATURE)

FEB 1942

269-105-042-652

PLACE OF BIRTH

RECEIVED
APR 21 19
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 37

File No. 100612

No. 4 St.

Primary Registration District No. 1085

Registered No.

Hospital County General

FULL NAME OF CHILD Glen Wesley Barrow

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			1	Yes	Apr 6 1922

FATHER

FULL NAME Wesley C. Barrow

RESIDENCE 444 - 4th E -

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Oakley Idaho.

OCCUPATION Laborer Flour Mill

MOTHER

FULL MAIDEN NAME Queena West.

RESIDENCE 444 - 4th E.

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Salt Lake, Utah.

OCCUPATION Home wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 A M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

(Signature) B B Sawyer

Osteopathic Physician

(Physician or midwife)

Address Twin Falls

Filed April 9 1922 John F. Coughlin Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

MAY 8 - 1922

Boise, Idaho, ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Twin Falls

Street: .....

County: Twin Falls Co.

File Number 100612

Registration Dist. No. .....

Date of Birth April 5 1922

Sex of Child ..... Male .....

Father ... Wesley Coleman Boren (Full Name) Mother .... Guena West (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Glen Wesley Boren

Child's Name in Full

Wesley C. Boren

Signature of Father or Mother

APR 21 1969

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

345-107-642-385

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls,
City of Hansen,
No. ____ St.
Hospital home

Registration District No. 36
Primary Registration District No. ____

File No. 100613
Registered No. 12

FULL NAME OF CHILD Glendel Eugene Cunningham
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
male			yes	Mar. 7, 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? argyrol 10%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Lee Cunningham	FULL MAIDEN NAME: Alice N.Lynch
RESIDENCE: Hansen, Idaho	RESIDENCE: Hansen, Idahol
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Okla,	BIRTHPLACE: Idaho
OCCUPATION: day laborer	OCCUPATION: Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9: A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J.M. Davis
physician
(Physician or midwife)

Address Kimberly,

Filed Mar. 15, 1922

J.M. Davis
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 24 1970

SEP 7 19

231-103.642-231

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of ~~Kimberly~~, Hansen

No. ..... St.

Registration District No. 36

File No. 100614

Hospital home

Primary Registration District No. .....

Registered No. 13

FULL NAME OF CHILD Thad Everett Blanchard
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	March 3 1922

What bactericidal solution was used in eyes? argyrol 10 %

Number of child of this mother, including present birth 12 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Don Carlos Blanchard	FULL MAIDEN NAME	Geneverie Jane Blanchard
RESIDENCE	Hansen, Idaho	RESIDENCE	Hansen, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Idaho	BIRTHPLACE	Nebr.
OCCUPATION	Teamster	OCCUPATION	Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:10 A.M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J.M. Davis

physician
(Physician or midwife)

Address Kimberly, Idaho

Filed Mar. 10, 1922

J.M. Davis
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

L.D.S. Church Cert. of Ordination to the Holy Priesthood as a Deacon, May 13, 1934 gives full name as Thad Everett Blanchard, born March 3, 1922 at Hansen, Idaho to Don C. Blanchard and Geneviere J. Blanchard - viewed by V.S. and L.D.S. Church Cert. of Ordination to the Holy Priest-Hood as a Priest, April 14, 1942 gives full name as Thad Everett Blanchard - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Millard

Certificate No. 100614

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Blanchard (Name on Original Certificate) who born (Was Born or Died) on March 3, 1922 (Date of Event) in Hansen, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Thad Everett Blanchard

Subscribed and sworn to before me this 10 day of August, 19 66

[signature]

Notary Public, residing at Oak City, Utah

My commission expires Feb 2, 1962

(Seal)

Signed Geneviere Jane Blanchard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Millard

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of August, 19 66

[signature]

Notary Public, residing at Oak City, Utah

My commission expires Feb 2, 1962

(Seal)

Signed Donna B. Anderson
(Signature of Any Credible Person)

Oak City, Utah
(Street Address, City, State)

FORM DPH 55.155

CL 6-3-60. one copy pd. receipt #03170.

AUG 26 1960

244-219-042-213

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly,

No. ..... St.

Hospital home

Registration District No. 36

File No. 100615

Primary Registration District No. .....

Registered No. 14

FULL NAME OF CHILD Ila Sudweeks
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Mar. 19, 1922

What bactericidal solution was used in eyes? argyrol 10 %

Number of child of this mother, including present birth 6 Number of child of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME: Don Sudweeks	FULL MAIDEN NAME: Elvira Angeline Batty
RESIDENCE: Kimberly, Idaho	RESIDENCE: Kimberly, Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Carpenter	OCCUPATION: Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J. M. Davis

physician
(Physician or midwife)

Address kimberly, Idaho

Filed Mar. 25, 1922 J. M. Davis
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 9 1943

MAY 31 1944

597.223.042-597

PLACE OF BIRTH

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly,

No. ..... St.

Hospital home

Registration District No. 36 File No. 100617

Primary Registration District No. ..... Registered No. 16

FULL NAME OF CHILD Edna Ray Eignor
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			no	Mar 23, 1922

What bactericidal solution was used in eyes? argyrol 10 %

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	Ethel Eignor
RESIDENCE		RESIDENCE	Kimberly, Idaho
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE		BIRTHPLACE	Idaho
OCCUPATION		OCCUPATION	Telephone operator

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was bornalive, at 4:40 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Davis

physician
(Physician or midwife)

Address Kimberly, daho.

Give names added from a supplemental report.

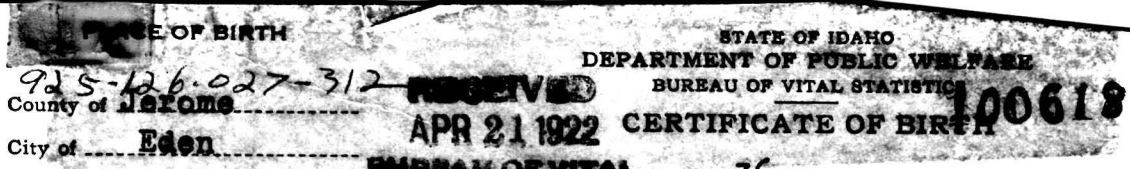
....., 19.....

Registrar.

Filed Mar 31, 1922 J. M. Davis
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 4 1974



CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

925-126.027-312

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

100618

County of Jerome

City of Eden

No. ____ St. ____ Registration District No. 36 File No. ____

Hospital home Primary Registration District No. ____ Registered No. 17

FULL NAME OF CHILD Yoshitugu Ikeda
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				yes	Mar. 26, '22. 192....

What bactericidal solution was used in eyes? argyrol 10%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: K.Ikeda	FULL MAIDEN NAME: T.Take
RESIDENCE: Eden, Idaho	RESIDENCE: Eden, Idaho
COLOR: Jananese	COLOR: Japanese
AGE AT LAST BIRTHDAY: 48 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Japan	BIRTHPLACE: Japan
OCCUPATION: farmer	OCCUPATION: Hw.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6: P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J.M. Davis

physician (Physician or midwife)

Address Kimberly, Idaho

Give names added from a supplemental report.

....., 19...

..... Registrar.

Filed Mar. 31, 1922

J.M. Davis Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1st certified copy issued 11-7-36 PBA 3971

315-202-042-396

Amended 5-1-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 100619
Local Reg. No.
Reg. Dist. No. 38

1. PLACE OF BIRTH

a. COUNTY: Twin Falls

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Filer

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Twin Falls

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Filer

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Lurella b. (Middle): Jane c. (Last): Tannehill

4. SEX: Girl

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): March 2, 1922

FATHER OF CHILD

7. FULL NAME

a. (First): M. b. (Middle): L. c. (Last): Tannehill

8. AGE (At time of this birth): 37 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Neb.

10. USUAL OCCUPATION: Labor

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Lucy b. (Middle): c. (Last): Trower

13. AGE (At time of this birth): 36 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Mo.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 4

b. How many OTHER children were born alive but are now dead? 3

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: A. A. Newberry

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 3-2-22

22. REGISTRAR'S SIGNATURE: A. A. Newberry

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. RECEIVED Certificate No. 100619

County of ..... APR 15 1968 Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Luella Jane Tannehill (Name on Original Certificate) Bureau of Vital Statistics who was born (Was Born or Died) on Mar. 2, 1922 (Date of Event)

in Filer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's First Name	Luella	Lurella

Subscribed and sworn to before me this 15th day of April, 1968

Notary Public, residing at Hagerman Ida

My commission expires July 13 1971

(Seal)

Signed Milo L Tannehill

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Hagerman Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 In Office 10-22-64.

Own childs birth certificate on file Idaho - # 284791 lists name of mother as Lurella Tannehill. child born July 15, 1939.
Viewed by V. S.

Social Security card lists name as Lurella Jane Clark (Tannehill), # 518-32-9277.
Card reissued 1956.
Viewed by V. S.

213 29.04 247

PLACE OF BIRTH

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 100620

County of Twin Falls

City of Filer

No. ____ St.

Registration District No. 38

Hospital ____

Primary Registration District No. 2086

Registered No. ____

FULL NAME OF CHILD Itogara Kato

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	3 - 29 - 192

What bactericidal solution was used in eyes? agno3 - 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Tetsuzuro Kato	FULL MAIDEN NAME	Takao Sugito
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	N.	COLOR	N.
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____, at 9.30 P. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Newberry

(Physician or ~~Midwife~~)

Address ____

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 3.30 192 A A Newberry
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-12404.2 · 331

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

County of ..... Registration District No. 38 File No. 100621

City of ..... St. No. .....

Hospital ..... Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD Clarence Raymond Peck
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	3 - 21 - 22

What bactericidal solution was used in eyes? Argyrol 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Jno Peck	Irene Clark
RESIDENCE	Filer Ida	Filer Ida
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	29	25
BIRTHPLACE	Mo	Mo.
OCCUPATION	Farmer	Nurse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 7:30 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) A A Newberry
(Physician or midwife)

Address .....

Filed 3 mt 192 2 A A Newberry
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-224-042-553

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 38 File No. 100622

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD Marveline Ruth Collins
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
G.		Yes.	Apl 21 1922

What bactericidal solution was used in eyes? AgNO3 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Lee Collins	FULL MAIDEN NAME	Emma Nelson
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Colo	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. A. Newberry
(Physician or midwife)

Address Filer Ida

Filed Apl 21 1922 A A Newberry
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-105-042-289

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Registration District No. 38 File No. 100624

Hospital ..... Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD Joseph Allison Stewart
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy.		Yes.	Apl 5 192

What bactericidal solution was used in eyes? Argos 1%.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Dennis Stewart	FULL MAIDEN NAME Flossie Phillips
RESIDENCE Filer Ida	RESIDENCE Filer Ida
COLOR W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Ida	BIRTHPLACE Ida.
OCCUPATION Farmer	OCCUPATION Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 19.....

..... Registrar.

(Signature) A. A. Newberry
(Physician or midwife)

Address Filer Ida

Filed Apl. 5 192 A A Newberry Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED MAY 25 1922 BUREAU OF VITAL STATISTICS

Boise, Idaho, MAY 8 - 1922 ...192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Filer

Street:

County: Twin Falls

File Number: 100624

Registration Dist. No.:

Date of Birth: April 5 192 2

Sex of Child: Male

Father: D. F. Stewart (Full Name)

Mother: Flora May Stewart (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Joseph Allison Stewart (Child's Name in Full)

Dennis Flynn Stewart (Signature of Father or Mother)

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
E FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage
id legitimacy.

It enables the Public Health Nurse to make sure the child has
en protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com-
led to furnish certified copies of certificates of birth, it is im-
tant that the certificates be filed with the BUREAU OF VITAL STATIS-
; and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819213-043

PLACE OF BIRTH [redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of Cascade

No. ..... St.

Registration District No. 15

File No. 100625

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Caroline Hart.

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
fm			yes	3 13 1922

What bactericidal solution was used in eyes? Ag No3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Benj. Hart.	FULL MAIDEN NAME	Clara Pindle
RESIDENCE	Cascade	RESIDENCE	Cascade
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mass	BIRTHPLACE	Texas
OCCUPATION	Section Hand	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G E Boggle Phy

(Physician or midwife)

Address Cascade Idaho

Give names added from a supplemental report.

....., 19.....

Filed April 1922 Stella Cain Dep. Registrar.

..... Registrar.

DEC 20 1944

813-105-043

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of Cascade

RECEIVED APR 21 1922 BUREAU OF VITAL STATISTICS

No. ..... St. ..... Registration District No. 15 File No. 100626

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Willard Hale
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	1 5 1922

What bactericidal solution was used in eyes? Ag NO3

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Hale Patterson	FULL MAIDEN NAME	Bertha Cantrall
RESIDENCE	Cascade	RESIDENCE	Cascade
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	N.C.	BIRTHPLACE	Ida
OCCUPATION	Clerk	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Haggle
Phys
(Physician or midwife)

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Address Cascade Ida

Filed Apr. 1922 Stella Cain
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1922-306245

PATTERSON

396-211-043-391

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 21 1922

CERTIFICATE OF BIRTH

County of Valley

City of

No. St.

Registration District No. 15 File No. 100628

Hospital

Primary Registration District No. Registered No.

FULL NAME OF CHILD Mary Marine Crawford
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
fm		yes	2 11 1922

What bactericidal solution was used in eyes? Ag no 3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Jos Crawford	FULL MAIDEN NAME	Mable Crawford
RESIDENCE	Cascade	RESIDENCE	Cascade
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	80	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Ida	BIRTHPLACE	Wn
OCCUPATION	farmer	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G E Noggle
Phys
(Physician or midwife)

Address Cascade

Filed Apr 1922 Stella Carr
Deputy Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
MAY 16 1922
BUREAU OF VITAL STATISTICS

... OF IDAHO
...ARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 1922 ... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
City ... Cascade Idaho
Street .....
County ... Valley

File Number ... 100628 ...

Registration Dist. No. .....

Sex of Child ... Female ...

Date of Birth ... Feb 11 ... 1922.

Father ... Joe Crawford ...
Full Name

Mother ... Mable Elizebath Hash ...
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

... Mary Maxine Crawford ...
Child's Name in Full

... Mable Elizebath Crawford ...
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage l legitimacy.

It enables the Public Health Nurse to make sure the child has en protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

813-215-043-618

PLACE OF BIRTH

RECEIVED APR 21 1922

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100629

County of Valley

City of Cascade

No. ..... St.

Registration District No. 15 File No. .....

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Mary Hall

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
fem			yes	2 15 1922

What bactericidal solution was used in eyes? Arg. no. 3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Willard Hall	Edith Wayne
RESIDENCE	Parma	Parma
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	28
BIRTHPLACE	Ida	Colo
OCCUPATION	farmer	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 1 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) G E Moggle

Phys

(Physician or midwife)

Address Cascade

Filed Apr. 21 1922 Stella Carr Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 24 1942

813.222-043-464

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Valley

City of Norwood

No. _____ St.

Hospital _____

RE[illegible] APR [illegible] 1922 BUREAU OF VITAL STATISTICS

Registration District No. 15

File No. 100630

Primary Registration District No. _____

Registered No. _____

FULL NAME OF CHILD Eva Ellen Hancock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	Feb. 22 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Franklin Hancock	FULL MAIDEN NAME	Lena May Douglass
RESIDENCE	Norwood	RESIDENCE	Norwood
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Ark	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 9 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs J. L. McFall

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed 4-27- 1922 Stella Cain Deputy Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

863/22-043-269

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED APR 2 ... BUREAU ... STATE

CERTIFICATE OF BIRTH

County of Valley

City of

No. St.

Registration District No. 15 File No. 100631

Hospital

Primary Registration District No. Registered No.

FULL NAME OF CHILD Harold Holt
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	2 - 22 1922

What bactericidal solution was used in eyes? Ag. no.

Number of child of this mother, including present birth ... Number of child of this mother now living, including present birth ...

FATHER		MOTHER	
FULL NAME	Ernest Holt	FULL MAIDEN NAME	Bessie Swift.
RESIDENCE	Arling.	RESIDENCE	Arling.
COLOR	wht AGE AT LAST BIRTHDAY 36 (Years)	COLOR	white AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Ky.	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housekeeper.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Hoggle
Phys
(Physician or midwife)

Address Cascade Ida

Filed apr 1922 Stella Cain
Dept Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NAME
CHANGE

Dup of 1922-340005

236-123-044-235

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED APR 1 1922 BUREAU OF VITAL STATISTICS

County of Washington

City of Weiser

No. ..... St.

Registration District No. 86 File No. 100632

Hospital ..... Primary Registration District No. 2112 Registered No. 31

FULL NAME OF CHILD Glenn Argo Stout
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	3-23-1922

What bactericidal solution was used in eyes? Silver Nitrate 1% sol.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Oscar Stout	FULL MAIDEN NAME	Vera Steinweden
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Mo.	BIRTHPLACE	Kansas.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was bornalive (Born alive or stillborn), at 12:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton M.D.
(Physician or midwife)

Address Weiser Idaho.

Filed 3/24 1922 W. R. Hamilton M.D. Registrar.

Give names added from a supplemental report.

....., 19....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 10 1941

MAY 4 1945

[redacted]

613.103.044-291

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 8th & E Court St.

Registration District No. 86 File No. 100633

Primary Registration District No. 1010 Registered No. 32

Hospital

FULL NAME OF CHILD James Edward Watt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	March 3 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry T. Watt	FULL MAIDEN NAME	Delsie Brashears
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Superior Nebr	BIRTHPLACE	Texas
OCCUPATION	Taylor	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 35 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Waterhouse

physician (Physician or midwife)

Given names added from a supplemental report.

Address Weiser Ida

19

Registrar

Filed 4/3 1922 W. R. Hamilton Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oklahoma } ss.
County of Tulsa }

Certificate No. 100633

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for James Edward Watts (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on March 3, 1922 (DATE OF EVENT)
in Hazelton, Idaho (PLACE OF EVENT) are erroneous ~~or were omitted~~; and that, to the best of ~~his~~ her knowledge, the
true facts as shown by Birth Certificate #100633 (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
last name	James Edward Watts	James Edward Watt
last name of father	Harry L. Watts	Harry Lee Watt

Subscribed and sworn to before me this 31
day of December, 19 41
Dorothy E. Nash
Notary Public, residing at Tulsa, Okla.
My commission expires October 24, 1944
(SEAL)

Signed Mrs H. L. Watt
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD, OR OTHER CREDIBLE PERSON.)
1434 S. Baltamore Tulsa Okla
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oklahoma } ss.
County of Tulsa }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31
day of December, 19 41
Dorothy E. Nash
Notary Public, residing at Tulsa, Okla.
My commission expires October 24, 1944
(SEAL)

Signed Mrs Ida Mae Dobson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
1434 S. Baltamore
(STREET ADDRESS, CITY, STATE)
Tulsa Okla

Received for filing on By
(REGISTRAR'S SIGNATURE)

JAN 1 0 1942

JAN 30 1943

SEP 12 1952

465.206.044-414

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 100634

No. ..... St.

Primary Registration District No. 2112 Registered No. 33

Hospital .....

FULL NAME OF CHILD Anna Gene Monteer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Mch 6 1922 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Harold J Monteer	FULL MAIDEN NAME	Ella Maw
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Wyo.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn), at 2 20a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Ida

Registrar

Filed 4/3 1922

W. R. Hamilton
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1C

DECLASSIFIED

955-110-044-513

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 100635

Primary Registration District No. 2112 Registered No. 34

FULL NAME OF CHILD William King Reece

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Mch 10 1922

FATHER		MOTHER	
FULL NAME	Lacey D Reece	FULL MAIDEN NAME	Ruth Ann Eaton
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Kans	BIRTHPLACE	Mo.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Waterhouse

physician (Physician or midwife)

Address Weiser Ida

Given names added from a supplemental report.

..... 19....

Registrar

Filed 4/3 1922 W. P. Hamilton D.H. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 31 1944

362-214-044-866

amended 9-21-81

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 100636

No. ..... St.

Primary Registration District No. 2112 Registered No. 35

Hospital .....

FULL NAME OF CHILD Marjolaine Cable

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Mch (Month) 14 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Emery Cable	FULL MAIDEN NAME	Addie Hooper
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Nebr	BIRTHPLACE	Nebr
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:15 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Walchoare

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Ida

Registrar

Filed 4/3 1922

W. P. Hamilton
D.A.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

- 4-9-73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 16 11 20 AM '81

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 100636

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Margurite Coble (Name on Original Certificate) who was born (Was Born or Died) on March 15, 1922 (Date of Event) in Weiser (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs first name	Margurite Coble	Marjolaine Coble
Date of birth	March 15, 1922	March 14, 1922

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of August, 19 81

Notary Public, residing at Nampa, Idaho

My commission expires 9-22-84

(Seal)

Signed Marjolaine C. Walker
(Signature of Any Credible Person)

836 W. Greenhurst Nampa ID. 83650
(Street Address, City, State)

FORM DH 60-155

no corresp. fc

SEP 21 1981

Own childs birth certificate on file with state of Idaho gives name of mother as Marjolaine Coble. Child born July 20, 1940, state file # 297241 Viewed by V.S.

x-ray Report for Marjolaine Walker gives date of birth as 3-14-22. DAted 8-7-75. signed b y F.W. Cottrell, M.D. Viewed by V.S.

Application for life ins. from Metropolitan Life Ins. Co. gives Marjolaine C Walker born 3-14-22 in Idaho. Date of policy is 3-11-66. Viewed by V.S.

318:127.044-433

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Washington

RECE
APR 21 1922

CERTIFICATE OF BIRTH

City of Weiser

Registration District No. 86 File No. 100637

No. ..... St.

Primary Registration District No. 242 Registered No. 36

Hospital .....

FULL NAME OF CHILD Ottis Taylor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Mch 27 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Ray Taylor	FULL MAIDEN NAME	Ethel McLean
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Dayton Idaho	BIRTHPLACE	Fairview Idaho
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 15 a M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Waterhouse

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Idaho

Registrar

Filed 4/3 1922

W. P. Hamilton
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 22-332673

622-214-044-789

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington
City of Weiser
No. ____ St.
Hospital

Registration District No. 86
Primary Registration District No. 2112

File No. 100638
Registered No. 37

FULL NAME OF CHILD Mary Ellen Osborne
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	1 14 1920

What bactericidal solution was used in eyes? Ag No 3 1% sol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Jot Daniel Osborne	FULL MAIDEN NAME	Rose Mae Phillips
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Owensburro Ky	BIRTHPLACE	Ida Falls Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:22 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney
Physician
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 4/6 1921 W. P. Hamilton Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 15 1967

NOV 14 1955

OCT 21 [illegible]

135-129-044-795

PLACE OF BIRTH

RECEIVED
APR 21 19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

BUREAU OF ... CERTIFICATE OF BIRTH

County of Washington
City of Weiser
No. ..... St.
Hospital .....

Registration District No. 86 File No. 100640
Primary Registration District No. 2112 Registered No. 39

FULL NAME OF CHILD Donald Marion Alexander
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	1 29 1922

What bactericidal solution was used in eyes? Ag No 3 1% sol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Harry Alexander	FULL MAIDEN NAME	Edith Green
RESIDENCE	Andrews Oregon.	RESIDENCE	Andrews Ore.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kansas City Mo.	BIRTHPLACE	Genesee Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:5'7 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed 4/16 1922 W. P. Hamilton Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

463.208 044 815

PLACE OF BIRTH

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ____ St.

Registration District No. 86 File No. 100641

Hospital ____ Primary Registration District No. 1010 Registered No. 40

FULL NAME OF CHILD Jacqueline Marie Nolan
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	2 8 1922

What bactericidal solution was used in eyes? Ag No 3 1% sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER

FULL NAME: John Mitchell Nolan

RESIDENCE: Weiser Ida.

COLOR: White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE: Anaconda Mont.

OCCUPATION: Telegraph operator

MOTHER

FULL MAIDEN NAME: Nina Elvira Hansen

RESIDENCE: Weiser Ida.

COLOR: White AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE: Cardston Canada

OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, at 8:31 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Feeney
Physician
(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 4/6 1922 W. P. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 29 1942

113-216-644-386

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington
City of Weiser
No. ..... St.
Hospital .....

Registration District No. 86
Primary Registration District No. 2112

File No. 100642
Registered No. 41

FULL NAME OF CHILD Helen Doris Jackson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	2 16 1922

What bactericidal solution was used in eyes? Ag No 3 1% Sol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Hulbert Harold Jackson	FULL MAIDEN NAME	Pearl May Thompson
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Weiser Idaho	BIRTHPLACE	Hepner Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, **at** 3:00 P. M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Fussner
Physician
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 4/6 1922 W. G. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

285-126-044-255

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 192
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100643

County of Washington
City of Weiser
No. ____ St.
Hospital ____

Registration District No. 1 86 File No. ____
Primary Registration District No. 9112 Registered No. 42

FULL NAME OF CHILD Donald Ralph Sherman
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	April 2 1922

What bactericidal solution was used in eyes? Argyrol 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Clifton A. Sherman	FULL MAIDEN NAME	Doris Kennedy
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Amerillia, Texas.	BIRTHPLACE	Kimble, Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Furness
Physician
(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 4/6 1922 W. P. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 7 1975

141-203-044-366

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington RECEIVED
City of Weiser APR 24 1922
No. St. BUREAU OF VITAL
Hospital

Registration District No. 86 File No. 100644
Primary Registration District No. 212 Registered No. 43

FULL NAME OF CHILD Velda May Adams
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	9 3 1922

What bactericidal solution was used in eyes? Arg. Nos. 1% sol.

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Charles W. Adams	FULL MAIDEN NAME	Etta Swaney
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Sedalia, Missouri	BIRTHPLACE	Rogers, Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest A Simmons
Physician
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 4/6 1922 W. G. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

731-114-044-791

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100645

County of Washington
City of Weiser
No. ____ St.
Hospital
Registration District No. 86
Primary Registration District No. 2112
File No.
Registered No. 44

FULL NAME OF CHILD Robert Vernon Glasby
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	3 14 1922

What bactericidal solution was used in eyes? Ag No 3 1% sol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Chas. E. Glasby	FULL MAIDEN NAME	Letetia Graham
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Haddam Kas.	BIRTHPLACE	Carey Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney
Physician
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 4/6 1922

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 15 1948

DEC 2 1942

SEP 25 1941

312-131-044-966

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 31 1922

CERTIFICATE OF BIRTH

100646

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86 File No. .....

Primary Registration District No. 2112 Registered No. 45

FULL NAME OF CHILD Tony Emerson La Salle
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	3 31 1922

What bactericidal solution was used in eyes? Ag No 3 1% sol.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Emerson A. La Salle	FULL MAIDEN NAME	Blanche E. Rowe
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Concord California	BIRTHPLACE	Hebren Nebr.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:29 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address .....

Filed 4/6 1922 W. R. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 5 1975

DECEASED

433-266-044-413

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 21 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100647

County of Washington
City of Weiser
No. St.
Registration District No. 86
File No.
Hospital
Primary Registration District No. 1010
Registered No. 46

FULL NAME OF CHILD Mary McChesney
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	4/4/1922

What bactericidal solution was used in eyes? Ag No 3 1% sol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Lee McChesney	Margaret Maloney
RESIDENCE	Weiser Idaho	Weiser Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	35
BIRTHPLACE	Wampum Penn.	Ashland Wisconsin
OCCUPATION	Merchant	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.45 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) Ernest O. Finney
Physician
(Physician or midwife)

Address

Filed 4/6 1922 W. P. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

134.103.044-381

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 100648

No. ..... St.

Primary Registration District No. 2112 Registered No. 47

Hospital .....

FULL NAME OF CHILD Merlin Chandler Aldred

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Apr 3 1922

	FATHER	MOTHER
FULL NAME	Wm Aldred	FULL MAIDEN NAME Zida Chandler
RESIDENCE	Weiser, Idaho	RESIDENCE Weiser Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Ephraim, Utah	BIRTHPLACE Millville Utah
OCCUPATION	farmer	OCCUPATION housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:30a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) L. M. Waterhouse

Physician
(Physician or midwife)

Address Weiser, Idaho

Filed 5/3 1922

W. P. Hamilton Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 2 1942

849-107-044-155

PLACE OF BIRTH

RECEIVED MAY 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86 File No. 100649

Primary Registration District No. 2112 Registered No. 48

FULL NAME OF CHILD Clinton Wolford Quigley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	H - 7 1922

What bactericidal solution was used in eyes? Ag. No. 3 1% sol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wilber Miles Quigley	FULL MAIDEN NAME	Mildred M. Jenkins
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Colton Wash.	BIRTHPLACE	Wakenda Mo.
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:30 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address .....

Filed 5/3 1922 W. A. Hamilton Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 6 19

493-107-044-252

PLACE OF BIRTH

RECEIVED
MAY 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Registration District No. 86 File No. 100650

Hospital ..... Primary Registration District No. 2112 Registered No. 49

FULL NAME OF CHILD Albert Kesler Miller
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	4-7 1922

What bactericidal solution was used in eyes? Ag No 3 1% sol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Cleveland Miller	FULL MAIDEN NAME	Emma Kesler
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Beaver City Nebr.	BIRTHPLACE	Urbana Ind.
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:05 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address .....

Filed 5/3 1922 W. R. Hamilton Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293-212-044865

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 5 1922
BUREAU OF VITAL STATISTICS

County of Washington
City of Weiser
No.
Hospital

Registration District No. 86
Primary Registration District No. 2112

File No. 100651
Registered No. 50

FULL NAME OF CHILD Betty Lou Kilpatrick
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	4-13-1922

What bactericidal solution was used in eyes? Ag. No. 3 1% sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John A. Kilpatrick	FULL MAIDEN NAME	Gertrude Howes
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Dresden New York	BIRTHPLACE	Yale Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, **at** 1:09 P. M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest A. Kinney
Physician
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 5/13 1922

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 26 1952

356-112-044-455

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

MAY 5 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 100052

No. W. Park & Starts St.

Primary Registration District No. 1010 Registered No. 51

Hospital

FULL NAME OF CHILD William Wayne Lewis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Apr 12 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest E. Lewis	FULL MAIDEN NAME	Annie Marie Deng
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE	S. Dak
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 30 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Waterhouse
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Weiser Idaho

19

Registrar

Filed 5/3 1922 W. R. Hamilton D.H. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 4 1975

AUG 23 1950

746214-044-619

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

County of Washington

City of Weiser

No. W. Park & State St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 100653

Primary Registration District No. 1010 Registered No. 52

FULL NAME OF CHILD Erma Maude ~~Guffey~~ Guffee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Apr 14 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles H. ~~Guffey~~ Guffee	FULL MAIDEN NAME	Mazzie Wartman
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Spokane Wash
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Waterhouse
Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Weiser Ida

Filed 5/3 1922

W. R. Hamilton
D.H.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

/30/40

VERAL REASONS WHY A CERTI
LD AND THE SA

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Mercer

Street: 805 State St

County: Washington

File Number: 100653

Registration Dist. No.:

Date of Birth: April 14 1922.

Sex of Child: Female

Father: Charles H. Gaffill (Full Name)

Mother: Mazzie Wortman (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Erma Maude Gaffill

Child's Name in Full

C. H. Gaffill

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

764-228-044-255

PLACE OF BIRTH

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 100654

No. ..... St.

Primary Registration District No. 2112 Registered No. 53

Hospital .....

FULL NAME OF CHILD Lillian Paulson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Apr 28 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lynn Paulson	FULL MAIDEN NAME	Dora Benson
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Ore
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Normalive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Waterhouse

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Ida

Registrar

Filed 5/3 1922 W. R. Hamilton Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165.130.044-419

RECEIVED
MAY 5 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. N. 5th St.

Hospital

Registration District No. 86 File No. 100655

Primary Registration District No. 1010 Registered No. 54

FULL NAME OF CHILD Jones

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	twin		1	yes	Apr 30 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Andrews Jones	FULL MAIDEN NAME	Eva Darling
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Boise Ida	BIRTHPLACE	Weiser Ida
OCCUPATION	Janitor	OCCUPATION	housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Waterhouse

physician

(Physician or midwife)

Given names added from a supplemental report.

Address Weiser Ida

19

Registrar

Filed 5/3 1922

W. P. Hamilton
D.H.
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-130-044-419

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED MAY 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. N 5th St.

Hospital

Registration District No. 86 File No. 100656

Primary Registration District No. 1010 Registered No. 55

FULL NAME OF CHILD Jones

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Twins	2	Yes	Apr 30 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Andrews Jones	FULL MAIDEN NAME	Eva Darlay
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Boise Idaho	BIRTHPLACE	Weiser Idaho
OCCUPATION	Janitor	OCCUPATION	housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 P. M., on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G M Waterhouse

physician

(Physician or midwife)

Given names added from a supplemental report.

Address Weiser Ida

19

Registrar

Filed 5/3 1922 W. R. Hamilton D.D. Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1142

957-130-844366

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 100657

County of Washington
City of Weiser
No. Section House St.
Hospital
Registration District No. 86
Primary Registration District No. 1010
Registered No. 56

FULL NAME OF CHILD Vernon Frank Ingebretsen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) 192 (Year)
Male	# (To be answered only in event of plural births)	1	Yes	4 30 2

What bacteriedal solution was used in eyes? Silver Nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Frank R. Ingebretsen	FULL MAIDEN NAME	Gillian Looney
RESIDENCE	Cambridge, Idaho	RESIDENCE	Cambridge, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **, at** 10.35 p M. **on the date above stated.**

(Signature) C. B. Shirley, M.D.

(Physician or midwife)

Address Weiser, Idaho

Filed 5/3 1922 W. A. Hamilton Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 15 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of one child at birth a Separate Return must be made for each, and the number of each, in order of b

St. Lukes

(If born in hospital or institution give name.) ..... Local Registrar's No. .....

2. FULL NAME OF CHILD .....

3. Sex	If plural births	4. Twin, triplet, or other ..... 5. Number, in order of birth	Premature ..... Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male				Yes	April 19, 1922

FATHER	MOTHER
9. Full name: Albert W. Stone	18. Full maiden name: Catherine N. Duncan
10. Residence (usual place of abode) (If non-resident, give place and State): Gooding, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): .....
11. Color or race: Wh | 12. Age at last birthday: 31 (years)	20. Color or race: Wh | 21. Age at last birthday: 23 (years)
13. Birthplace (city or place) (State or Country): Morris, Minnesota	22. Birthplace (city or place) (State or Country): Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farmer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Teacher
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living: 1 (b) Born alive but now dead: ..... (c) Stillborn: .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 1:45 (Born Alive or Stillborn) at P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) J. M. Taylor, M. D.

or ....., Midwife

Address Boise, Idaho

Filed May 6, 1922

R. N. Pratt Registrar.

JUL 1 1943

JAN 29 1988

MAY 16 1989

767-102-001-457

PLACE OF BIRTH

RECEIVED
JUN 2 - 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ____ Registration District No. 2 File No. 100659

Hospital St Alphonsus Primary Registration District No. 1004 Registered No. 189

FULL NAME OF CHILD Robert Harold Pope.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	May 2 1922

What bactericidal solution was used in eyes? Nitrate Silver.

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Roy W Poppe (Pope)	FULL MAIDEN NAME Ethel Meane.
RESIDENCE	Eagle.	Eagle.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	33.	26.
BIRTHPLACE	Wisconsin.	Iowa.
OCCUPATION	Road Merchant.	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 20 P.M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Dallman M.D.
(Physician or midwife)

Address Boise. Ida.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed May 6 1922 R. A. Craig
Registrar.

MUST BE WRITTEN IN UNFADING INK—THIS IS A PERMANENT RECORD
If more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 9 1974

APR 13 1942

DEC 30 1941

396-21-001-455

PLACE OF BIRTH

RECEIVED
JUN 2 - 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada
City of Boise
No.
District No. 2
File No. 100660
Hospital St Alphonsus
Primary Registration District No. 1004
Registered No. 190

FULL NAME OF CHILD Elizabeth Sarah Frances Croy
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f		yes	Apr 27 1922

What bactericidal solution was used in eyes? Credes

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Wesley O Croy	Maggie M Mully
RESIDENCE	Boise Ida	Boise Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	34
BIRTHPLACE	Neb	Ireland
OCCUPATION	farmer	W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward Brock
(Physician or midwife)

Address Boise Ida

Filed May 6 1922 R A Pratt
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each in order of birth stated.

AUG 12 1943

133127·001-285

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 2 - 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1218 W. Bannock St.

Registration District No. 2 File No. 100661

Hospital St Alphonse Primary Registration District No. 1004 Registered No. 191

FULL NAME OF CHILD Paul Butler Allen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	4/27 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Henry J. Allen	FULL MAIDEN NAME	Jane Steffington
RESIDENCE	1218 W. Bannock	RESIDENCE	Iowa
COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Iowa
OCCUPATION	Laundry Owner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pettingle
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Boise Id

Filed May 6 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 7 1948

JUN 4

445-101-001-413

PLACE OF BIRTH

RECEIVED
JUN 2 - 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada.

City of Boise

No. ..... St.

Registration District No. 2 File No. 100662

Hospital St Alphonsus Primary Registration District No. 1004 Registered No. 192

FULL NAME OF CHILD Donald Bruce Duncan
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	May 1 1922

What bactericidal solution was used in eyes? Nitrate of silver.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Matthew Duncan	FULL MAIDEN NAME	Grace MacInnis
RESIDENCE	Boise. Idaho.	RESIDENCE	Boise. Ida.
COLOR	W AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Calif.
OCCUPATION	Freight Conductor	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 45 A.M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. H. Tallman
Physician.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address Boise, Idaho

Filed May 6 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 10 1942

917-212-001-993

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 1 - 1922 BUREAU ST.

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 100663

No. ..... St.

Primary Registration District No. 1004 Registered No. 113

Hospital St. Lukes

FULL NAME OF CHILD Joyce Barbara Ragsdale

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 3 - 12 - 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ben Glen Ragsdale	FULL MAIDEN NAME	Ena Riehle
RESIDENCE	1119 E. State St. Boise, Ida.	RESIDENCE	1119 E. State St., Boise, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Ohio
OCCUPATION	Accountant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:45 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill A.B.

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address Empire B. Boise Idaho

Filed May 6 1922 R. H. Pratt Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 0 1942

632-230-004-168

PLACE OF BIRTH

Form V. S. No. 11—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

RECEIVED
JUN 2 - 1922
BUREAU OF VITAL STATISTICS

No. 1924 N. 17 St.

Registration District No. 2

File No. 100564

Primary Registration District No. 1004

Registered No. 194

Hospital

Full Name of Child Florence Henrietta Olson

SEX OF CHILD Fem	~~Twin Triplet~~ or other? (To be answered only in event of plural births) and Number in order of birth 6	Legitimate? Yes	DATE OF BIRTH 4 (Month) 30 (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry J. Olson	FULL MAIDEN NAME	Anna R. Johnson
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Ills	BIRTHPLACE	Iowa
OCCUPATION	Clerical	OCCUPATION	Housekpr.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Froom

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Boise Ida

Registrar

Filed May 6 1922 R. H. Pratt

Registrar

of each, in order of birth stated.

RECEIVED
JUL 1922
VITAL
08

IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, 6/10/22 ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: 1924 N. 17 str

County: Ada

File Number: 100664

Registration Dist. No.: Intermountain

Sex of Child: Female

Date of Birth: April 30 1922

Father: Henry Jonas Olson (Full Name)

Mother: Anna Amelia Rossette (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Florence Henrietta Olson
Child's Name in Full

Anna A. R. Olson
Signature ~~of Father or~~ Mother

SEP 6 1944

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
[LED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage egitimacy.

It enables the Public Health Nurse to make sure the child has protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are com- to furnish certified copies of certificates of birth, it is im- t that the certificates be filed with the BUREAU OF VITAL STATIS- nd the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

RECEIVED
JUN 2 - 1922
BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

Registration District No. 2

File No. 100665

No. ..... St.

Primary Registration District No. 1004

Registered No. 195

Hospital .....

FULL NAME OF CHILD Ellery Edward Drennan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	April 25 1922

FATHER		MOTHER	
FULL NAME	George L Drennan	FULL MAIDEN NAME	May Burd
RESIDENCE	2612 Idaho St. Boise	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Caldwell	BIRTHPLACE	Salt Lake
OCCUPATION	Common Labor	OCCUPATION	House Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. N. Jacquemin

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address 9 + 10 Gem Bldg Boise

Filed May 6 1922

R. N. Pratt
Registrar

Registrar

[redacted]

DEC 2 9 1969

413-216
001-213

[redacted] Elaine Mathews

Form V. S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 2 - 1922
BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

Registration District No. 2 File No. 100666

No. ____ St.

Primary Registration District No. 1004 Registered No. 196

Hospital ____

FULL NAME OF CHILD Ethel Elaine Mathews

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		3d	yes	apr 16 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl Mathews	Gladys Ballinger
RESIDENCE	So Boise	So Boise Idaho
COLOR	white	White
AGE AT LAST BIRTHDAY (Years)	20	23
BIRTHPLACE	So Boise Ida	Preston Utah
OCCUPATION	Fireman	Housewife

Number of child of this mother, including present birth 3d Number of children of this mother now living, including present birth 3d

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6-P. M. on the date above stated.

(Signature) J. W. Cannon
Physician
(Physician or midwife)

Address ____

Filed May 6 1922 R. H. Post
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

____ 19____

____
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

73-231-001-396

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 2 - 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St. Registration District No. 2 File No. 100667

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. 197

FULL NAME OF CHILD Thelma Louise Glatts
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Mar (Day) 31 (Year) 1922
Female		Yes	

What bactericidal solution was used in eyes? Silver nitrate 1%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Bernard Russel Glatts	FULL MAIDEN NAME	Thflora Croft
RESIDENCE	Meridian Ida	RESIDENCE	Meridian Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	St. Paul Minn.	BIRTHPLACE	Selden Kan.
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Numbers Jr
Physician
(Physician or midwife)

Address Meridian Ida

Filed May 11 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 19 1942

695-202-001-155

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100668

RECEIVED
JUN 2 - 1922
BUREAU OF VITAL STATISTICS

County of Ada
City of Boise
No. ..... St. .....
Hospital St Lukes
Registration District No. 2
Primary Registration District No. 1004
File No. .....
Registered No. 198

FULL NAME OF CHILD Helen Elizabeth Freedling
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			yes.	May 2 1922

What bacterieidal solution was used in eyes? Crecius Solution

Number of child of this mother, including present birth 2nd Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	R. G. Freedling	FULL MAIDEN NAME	Helen Caroline Annett
RESIDENCE	1315 N 21	RESIDENCE	1315 N 21
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ida	BIRTHPLACE	Iowa
OCCUPATION	Dentist	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. M. Bauer
(Physician or midwife)

Address Boise Ida

Filed May 11 1922 R. A. Pratt
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K.

MAR 7 1951

MAY 1 1961

434-208-001-365

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada RECEIVED JUN 2 - 1922

City of Boise Registration District No. 2 File No. 100669

No. ..... St. ....

Hospital St. Alphonsus Primary Registration District No. 1004 Registered No. .....

FULL NAME OF CHILD Betty Jane McDonald

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	May 8 1922

	FATHER		MOTHER
FULL NAME	Gideon L. McDonald	FULL MAIDEN NAME	Annette ~~Campbell~~ CONNELL
RESIDENCE	Boise Idaho	RESIDENCE	Boise, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Wash.
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was May 8, at 11 A. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos. R. Numberg Sr.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address .....

Filed May 11 1922

R. N. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 17 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 100669

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Betty Jane McDonald (Name on Original Certificate) who was born (Was Born or Died) on May 8, 1922 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Maiden name of mother	Campbell	Connell

Subscribed and sworn to before me this 18th
day of June, 19 42

Notary Public, residing at Boise, Idaho

My commission expires 6-24-43
(Seal)

Signed Annette Connell McDonald
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JAN 6 1944

255-126-001-214

PLACE OF BIRTH

RECEIVED
JUN 2 - 1922
BUREAU OF VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 116 N. 17 St. Registration District No. 2 File No. 100670

Hospital Primary Registration District No. 1004 Registered No. 208

FULL NAME OF CHILD Harold Edward Bentley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	March 26 1922

What bactericidal solution was used in eyes? Boric acid. Silver Nitrate

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ruben H Bentley	FULL MAIDEN NAME	Florence Kauffman
RESIDENCE	116 N 17 St Boise	RESIDENCE	116 N. 17 St. Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Baker	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P P French M D

(Physician or midwife)

Address 417 Overland Bldg. Boise Idaho

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed May 11 1922 R. N. Pratt Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

11/07/0

512-225-001-569

PLACE OF BIRTH

RECEIVED JUN 2 - 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100671

County of Ada

City of Boise

No. 1110 River St. Registration District No. 2 File No.

Hospital Primary Registration District No. 1004 Registered No. 201

FULL NAME OF CHILD Florence Eastman

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes	4-25-192[illegible]

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME Fred Eastman	FULL MAIDEN NAME Ida M. Norris
RESIDENCE 1110 River St. Boise	RESIDENCE 1110 River St. Boise
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 49 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Waterloo Iowa	BIRTHPLACE Illinois
OCCUPATION Laborer	OCCUPATION House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.55 P. M. on the date above stated.

(Signature) P P French M D

(Physician or midwife)

Address 417 Overland Bldg. Boise Idaho

Filed May 11 1922 R. A. Craig Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMA...
N. B.—In case of more than one child at birth a SEPARATE RETURN must be m... and the number of each, in order of birth stated.

523-211-001-713

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 2 - 1922 BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

No. St. Registration District No. 2 File No. 100672

Hospital St Lukes Primary Registration District No. 1004 Registered No. 202

FULL NAME OF CHILD Phyllis Margaret Esterberg
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	April 11 1922

What bactericidal solution was used in eyes? Argyrol 10 %

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Albin E Esterberg	FULL MAIDEN NAME	Cora Gates
RESIDENCE	Pioneerville Idaho	RESIDENCE	Pioneerville Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Central City Colorado	BIRTHPLACE	Bpray, Oregon
OCCUPATION	Mining Engineer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) P P French M D
(Physician or midwife)

Address 417 Overland Bldg Boise Idaho

Filed May 11 1922 R. H. Coad Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 3 1942

466-102-001-395

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 914 Washington St. Registration District No. 2 File No. 100673

Hospital Primary Registration District No. 1004 Registered No. 203

RECEIVED JUN 2 1923 BUREAU

FULL NAME OF CHILD Jack Vernon Doolittle
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 2 1923

What bactericidal solution was used in eyes? Silver Nitrate & Boric acid

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Clarence V Doolittle	FULL MAIDEN NAME Jane A Tinsley
RESIDENCE 914 Washington St. Boise	RESIDENCE 914 Washington St. Boise
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Cumberland Wis.	BIRTHPLACE Boise Idaho
OCCUPATION Carpenter	OCCUPATION House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A P French M D
(Physician or midwife)

Address 417 Overland Bldg. Boise

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed May 11 1923 R. H. Coats
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/27/41

369-110-001-293

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 2 - 1922

County of Ada

City of Boise

No. 1123 W Bannock St. Registration District No. 2 File No. 100674

Hospital Primary Registration District No. 1004 Registered No. 204

FULL NAME OF CHILD John Paul Torres

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Mar 10 1922

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Jesus Torres	FULL MAIDEN NAME	Mary Silver
RESIDENCE	1123 W Bannock St Boise	RESIDENCE	1123 W Bannock St Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Mexico	BIRTHPLACE	Flora Indiana
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P P French M D

(Physician or midwife)

Address 417 Overland Bldg. Boise Ida

Filed May 11 1922 R. N. Pratt

Registrar.

Give names added from a supplemental report.

....., 192.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 5 1970

JAN 2 1958

155-111-001-366

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 2 - 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St. ..... Registration District No. 2 File No. 100675

Hospital St Alphonsus Primary Registration District No. 1004 Registered No. 20

FULL NAME OF CHILD Charles Lofgren Jensen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	5/11 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	John A. Jensen	FULL MAIDEN NAME	Ardis Lofgren
RESIDENCE	1923 N 9	RESIDENCE	1923 N 9th
COLOR	W AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Minn.
OCCUPATION	Stationary business	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2 25 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pillinger
Physician
(Physician or midwife)

Address Overland Bldg

Filed May 12 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUN 16 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, ... 6/10 ..... 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: 1923 North Ninth

County: Ada

File Number: 100675

Registration Dist. No. .....

Sex of Child: Male

Date of Birth: May 11th, 1922 ..... 192....

Father: John Alexander Jensen (Full Name)

Mother: Ardis Ahlers Lofgren (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Charles Lofgren Jensen
Child's Name in Full

J. A. Jensen
Signature of Father or Mother

MAR 18 1943

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

253-109-001-947

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 2 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1901 N 16 St.

Registration District No. 2 File No. 100676

Hospital —

Primary Registration District No. 100 Registered No. 20

FULL NAME OF CHILD J Douglass Bell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	May 9 1922

What bactericidal solution was used in eyes? Silvol 20 %

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	L J Bell	FULL MAIDEN NAME	Nell G Rupp
RESIDENCE	1901 N 16th st	RESIDENCE	1901 N 16
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	Window Trimmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 8 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C H Parker

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address 303 McCarty Bldg

Filed May 12 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 22 1943

299-203-004-317

PLACE OF BIRTH

RECEIVED JUN 2 - 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Registration District No. 3 File No. 100677

Hospital Salvation Army Primary Registration District No. 1004 Registered No. 207

FULL NAME OF CHILD Francis Aneta Briggs
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 3 1922

What bactericidal solution was used in eyes? 2% Ag NO3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Orville L Briggs	Full Maiden Name Gussie Eagle
RESIDENCE	Oklahoma City Okla	Boise Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	26 (Years)	21 (Years)
BIRTHPLACE	Oklahoma	Missouri
OCCUPATION	Laborer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Normaline (Born alive or stillborn) at 6 30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roscoe C Ward

Physician

(Physician or midwife)

Address Boise Idaho

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed May 12 1922 R. H. Coath Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-229-001-29 RECEIVED
JUN 2 - 1922
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Registration District No. 2 File No. 100678

Hospital Salvation Army Primary Registration District No. 1004 Registered No. 208

FULL NAME OF CHILD Cora Christella Dickson
(Certificate of no value without full name of child.)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth April 29 1922 (Month) (Day) (Year)

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	George Dickson	FULL MAIDEN NAME	Christella Bingman
RESIDENCE	Lacede Canada	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:00 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roscoe C Ward
Physician
(Physician or midwife)

Address Boise Idaho

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed May 12, 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-107-001-136

PLACE OF BIRTH

RECEIVED JUN 2 - 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 100679

No. ____ St.

Hospital St Lukes

Primary Registration District No. 1004

Registered No. 204

FULL NAME OF CHILD Verne Eugene Farmer Jr.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
M				Yes	5	7	1922

FATHER		MOTHER	
FULL NAME	Verne Eugene Farmer	FULL MAIDEN NAME	Bernice Elizabeth Atow
RESIDENCE	621 N. 18th	RESIDENCE	621 N. 18th St
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Springer

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report. ____ 19____

Registrar.

Filed May 15 1922 R. V. Hall Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

APR 16 1943

413-112-001-366

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 2 - 1922

County of Ada

City of Boise

No. ——— St.

Registration District No. 2

File No. 100680

Hospital St. Luke's

Primary Registration District No. 1004

Registered No. 210

FULL NAME OF CHILD Donald Quentin Matthews
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	May 12 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Oscar A. Matthews	FULL MAIDEN NAME	Ruth D. Coffin
RESIDENCE	1119 N. 8th St., Boise, Idaho	RESIDENCE	1119 N. 8th St., Boise, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Colorado	BIRTHPLACE	Idaho
OCCUPATION	Mining	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Boise, Idaho

Filed May 20 1922 R. H. Pratt
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11/12/40 L.B.

684-215-001-344

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 612 S. 15th St.

BUREAU OF VITAL STATISTICS

Registration District No. 8

File No. 100681

Hospital _____

Primary Registration District No. 1004

Registered No. 217

FULL NAME OF CHILD Dorothy Susan White
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	May 15, 1922

What bacterioidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Frank M. White	FULL MAIDEN NAME	Clara E. Cunnans
RESIDENCE	612 S. 15th St., Boise, Idaho	RESIDENCE	612 S. 15th St., Boise, Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Concrete worker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 30 a. m. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Taylor M.D.
(Physician or midwife)

Address Boise, Idaho.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed May 30 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 [redacted]

OCT 5 1955

281-110-001-455

PLACE OF BIRTH

RECEIVED JUN 2 - 192 BUR

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Oakland & Boise Ave.

Registration District No. 2 File No. 100682

Hospital —— Primary Registration District No. 1004 Registered No. 2122

FULL NAME OF CHILD William Arthur Shaffer
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 10 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Chas. C. Shaffer	FULL MAIDEN NAME	Alice E. Denne
RESIDENCE	Mayfield, Idaho	RESIDENCE	Mayfield, Idaho
COLOR	W. AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Essex Co., England
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.25 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Brastan M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Boise

Filed May 20 1922

R. H. Pratt
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 1973

343-210-001-234

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AMENDED May 23, 1947

County of Ada
City of Boise
No. ____ St. ____
Hospital ____

Registration District No. 2
Primary Registration District No. 1004

File No. 100683
Registered No. 213

FULL NAME OF CHILD Phyllis Lorain Tuller
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	May 10 ... 192[illegible]

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: William H. Tuller	FULL MAIDEN NAME: Evelyn B. Sturdevant
RESIDENCE: 1914 N. 14, Boise, Idaho	RESIDENCE: 1914 N. 14, Boise, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Connecticut	BIRTHPLACE: Florida
OCCUPATION: Civil Engineer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:15 A. M. on the date above stated.

(Signature) T. N. Braxtan, M.D.
(Physician or midwife)

Address Boise, Idaho

Filed May 20 192 2 R. H. Pratt
Registrar.

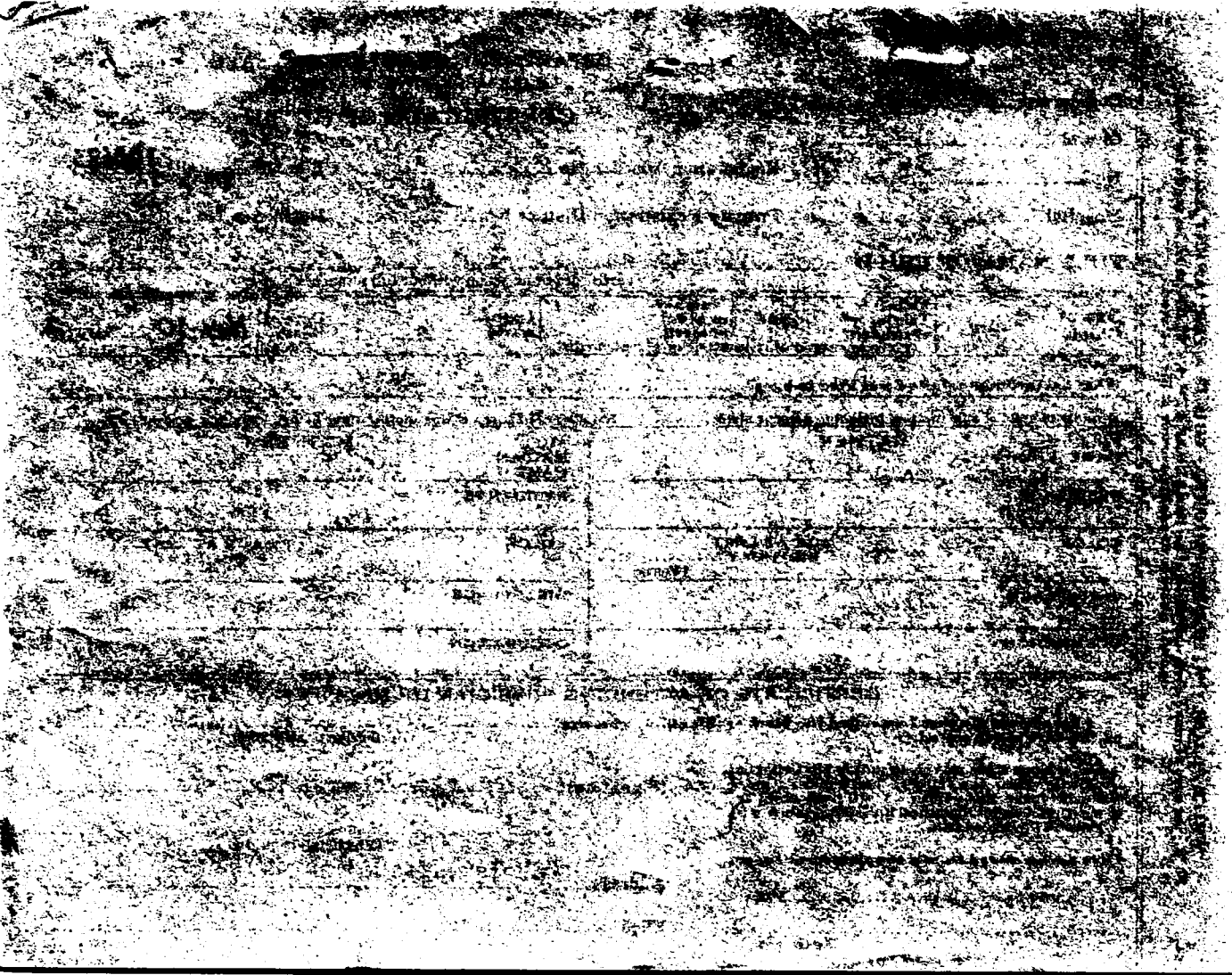
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada.

Certificate No. 100683

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth. (Birth or Death)
for Thyllis Lorain Tueller (Name on Original Certificate) who born (Was Born or Died) on May 26 1922. (Date of Event)
in Boise (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Thyllis Lorain Tueller	Phyllis Lorain Tueller

Subscribed and sworn to before me this 22nd day of May, 1947
Mary N. Smith
Notary Public, residing at Boise, Idaho
My commission expires Jan. 8, 1948
(Seal)

Signed Evelyn B. Tueller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1709 N 20th St. Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada.

[This Affidavit MUST Also be Executed. (See Chapter 159, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of May, 1947
Mary N. Smith
Notary Public, residing at Boise Idaho
My commission expires Jan. 8, 1947
(Seal)

Signed: Floyd L. Lucas
(Signature of Any Credible Person)
413-1st Natl Bank Bldg Boise, Ida
(Street Address, City, State)

MAY 2 5 1947

MAY 2 4 1947

APR 1 4 1975

289-209-001-168

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

~~No.~~ Lincoln & Rossi Sts. Registration District No. 2 File No. 100684

Hospital _____ Primary Registration District No. 1004 Registered No. 214

FULL NAME OF CHILD Betty Cecelia Shirley
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	May 9 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Byron L. Shirley	FULL MAIDEN NAME: Velma L. Johnson
RESIDENCE: Lincoln & Rossi Sts, Boise Ida	RESIDENCE: Lincoln & Rossi
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxtan M.D.
(Physician or midwife)

Address Boise, Idaho

Filed May 2 1922 R. H. Rudd
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 30 1957

DECEASED

759-215-001-133

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 2 - 1922 BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

No. ..... St.

Registration District No. 2 File No. 100685

Hospital St Alphonsus

Primary Registration District No. 1004 Registered No. 215

FULL NAME OF CHILD Ople Lorraine Percy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	5 (Month) 15 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	ALFRED L. Al Percy	FULL MAIDEN NAME	Nettie Allen
RESIDENCE	Barber Ida	RESIDENCE	Barber, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	~~Housewife~~ Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:45 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D P Higgs
M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address 402 Ida Bldg, Boise Ida

Filed May 20 1922

R. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 22-344369

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
JUN 28 1922
BUREAU OF VITAL STATISTICS

Boise, Idaho, 6/10 192..

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: 5th

County:

File Number: 100685 8720

Registration Dist. No.:

Sex of Child: Female

Date of Birth: May 13th 1922

Father: Alfred L. Percy (Full Name)

Mother: Nettie Allen (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ofele Lorrain Percy
Child's Name in Full

Nettie A Percy
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

386-207-001-453

PLACE OF BIRTH

RECEIVED
JUN 2 - 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Registration District No. 2 File No. 100686

Hospital St. Alph

Primary Registration District No. 1004 Registered No. 216

FULL NAME OF CHILD Margarett Ann Thompson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	May 7 1922

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Thomas Thompson	FULL MAIDEN NAME	Agnes Dee Pre.
RESIDENCE	Boise.	RESIDENCE	Boise
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Canton Georgia	BIRTHPLACE	Canton Georgia
OCCUPATION	Traveling Salesman	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. S. Lettres

Boise
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed May 20 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS
MAY 15 1941

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Georgia } ss.
County of Cherokee }

Certificate No. 100685
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Margaret Ann Thompson (Name on original certificate) who born (Was born or died) on May 7, 1922 (Date of event)
in St. Alphonsus Hospital, Boise (Place of event) are erroneous ~~XXXXXXXXXXXX~~ and that, to the best of his knowledge, the true
facts as shown by Hospital records (Bible record, insurance policy, etc.) prepared on May, 1922 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
birth date	April 7, 1922	May 7, 1922

Subscribed and sworn to before me this 13th day of May, 19 41

J. M. Hughes
Notary Public, residing at Canton, Ga.
My commission expires 1/15/45
[SEAL]

Signed Mrs. Thomas Thompson
(Signature of parent ~~or attendant~~ if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

358 Main St., Canton, Georgia
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Georgia } ss.
County of Cherokee }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of May, 19 41

J. M. Hughes
Notary Public, residing at Canton, Ga.
My commission expires 1/15/45
[SEAL]

Signed Mrs E. M. Hughes
(Signature of any credible person other than the previous affiant)

Canton, Georgia
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

c.c. 5/21/41. v.h.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

795-101-001-759

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

RECEIVED JUN 2 - 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 100687

Primary Registration District No. 1004 Registered No. 217

FULL NAME OF CHILD Marion Otis Grenier
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	May 1 1922

What bactericidal solution was used in eyes? Ag No 3

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Otis G. Grenier	FULL MAIDEN NAME	Elize C. Peichel
RESIDENCE	Glenns Ferry	RESIDENCE	Glenns Ferry, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Winlock Wash.	BIRTHPLACE	Nebraska.
OCCUPATION	Rancher	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Lites

(Physician or midwife)

Address Boise

Filed May 20 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

239-120-001-814

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUN 2 - 1922
BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

No. ..... St.

Hospital St Lukes

Registration District No. 2 File No. 100688

Primary Registration District No. 1004 Registered No. 218

FULL NAME OF CHILD John Darrel Stikes
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes.	May 20 1922

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Stikes	FULL MAIDEN NAME	Eva L. Kammer
RESIDENCE	Barber Ida	RESIDENCE	Barber Ida
COLOR	White AGE AT LAST BIRTHDAY 42 (Years)	COLOR	White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Idaho
OCCUPATION	Foreman for Lumber Co.	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock
(Physician ~~or midwife~~)

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Address Boise Ida

Filed 5-22 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 100688

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	John	none given John Darrel Stike

Subscribed and sworn to before me this 20 day of Oct., 1944

Pauline Ambrose

Notary Public, residing at Boise

My commission expires 1/14/47

(Seal)

Signed Jesse W. Hammer

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person Other Than Previous Year)

.....

(Street Address, City, State)

OCT 20 1944

433-103001-318

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 3 - 1922 BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

No. 1311 Brumback

Registration District No. 2

File No. 100689

Hospital

Primary Registration District No. 1004

Registered No. 279

FULL NAME OF CHILD William Peter McCarthy
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		YES.	May 3 192

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Chas L McCarthy	FULL MAIDEN NAME	Edith May Taylor
RESIDENCE	1311 Brumback	RESIDENCE	1311 Brumback
COLOR	W AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Minn.
OCCUPATION	Clerk	OCCUPATION	House wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 3.30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Back
(Physician ~~or midwife~~)

Address Boise Ida

Filed 5-20 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 14 1941

SEP 2 1959

JAN 22 1960

DECEASED

294-107-001-691

RECEIVED
JUN 2 - 1922
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 624½ S 14 St.

Registration District No. 2

File No. 100690

Hospital

Primary Registration District No. 1404

Registered No. 220

FULL NAME OF CHILD Patrick Leg Kidder
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		YES.	May 7 1922

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	B. P. Kidder	FULL MAIDEN NAME	Anne Frazer
RESIDENCE	624½ S 14	RESIDENCE	624½ S 14
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Iowa	BIRTHPLACE	Scotland
OCCUPATION	Electrician	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 4.45 A M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boeck
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Boise Ida

Filed 5-20 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

692-203-001-855

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

RECEIVED
JUN 2 - 1922
BUREAU OF VITAL STATISTICS

No. ..... Registration District No. 2 ..... File No. 100691

Hospital St Alphonsus Primary Registration District No. 1004 Registered No. 221

FULL NAME OF CHILD Jean Fisher
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Apr. 3 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Fisher	FULL MAIDEN NAME	Estella Hensell
RESIDENCE	Meridian R.D. 3	RESIDENCE	Meridian R.D. 3
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Indiana	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female, at 12 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton
Physician
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Overland Bldg - Boise

Filed 5-31 1922 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

619-212-001-313

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 2 - 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada
City of Boise
No. ..... St.
Hospital St. Alphonsus

Registration District No. 2
Primary Registration District No. 1004

File No. 100692
Registered No. 222

FULL NAME OF CHILD Helen Beth Warren
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Apr. 12 1922

What bactericidal solution was used in eyes? 1% Silver nitrate

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Chas. Stuart Warren	FULL MAIDEN NAME	Marguerite Calnon
RESIDENCE	Boise R.D. 3	RESIDENCE	Boise, R.D. 3
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Nebraska
OCCUPATION	School Teacher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Somalise, at 10:15 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton
physician
(Physician or midwife)

Address Overland Bldg. - Boise

Filed 5-31 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 1965

331-208-001-239

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 1922

County of Ada

City of Boise

No. [illegible] St.

Registration District No. 7

File No. 100693

Hospital St. Luke's

Primary Registration District No. 1004

Registered No.

FULL NAME OF CHILD Freda Mae Claysville

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 8 1922

What bactericidal solution was used in eyes? 1% Silver Nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME Frederick John Claysville	FULL MAIDEN NAME Lora Sprague
RESIDENCE Boise R.D. 4	RESIDENCE Boise R.D. 4
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Texas	BIRTHPLACE Kansas
OCCUPATION Wholesale Grocery Distributor	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:20 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

for Physician

(Physician or midwife)

Address Overland Bldg. - Boise

Filed 5-31 1922 R. W. Pratt

Registrar.

Give names added from a supplemental report.

..... 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 14 1942 photostat returned 6-30-44 PBA

VOIDED the (DUP of 1922-200176

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF ~~VITAL~~ STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of .....
} ss.
County of .....

Certificate No. 100693

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
date	Mar 3 -	March 8, 1922

Subscribed and sworn to before me this 30
day of June, 1944

Notary Public, residing at Boise

My commission expires 11/4/47
(Seal)

Signed Lora M Claysville
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
} ss.
County of .....

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

JUN 30 1944

285-202-007-954

PLACE OF BIRTH

Form V. S. No. 11—25m-3-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of ADA

RECEIVED JUN 2 1922

City of BOISE

Registration District No. 2

File No. 100694

No. ..... St.

Primary Registration District No. 1004

Registered No. 224

Hospital .....

Full Name of Child Betty Jane Shelley

SEX OF CHILD	Twin Triplet or other?	and	Number in order of birth	Legitimate?	DATE OF BIRTH
female	—			Yes	May 2 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo Shelley	FULL MAIDEN NAME	Minnie Redington
RESIDENCE	100 S. 25th	RESIDENCE	100 S 25th
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Goodfriend

(Physician or midwife)

Given names added from a supplemental report

..... 19..

Address Emporium Bldg

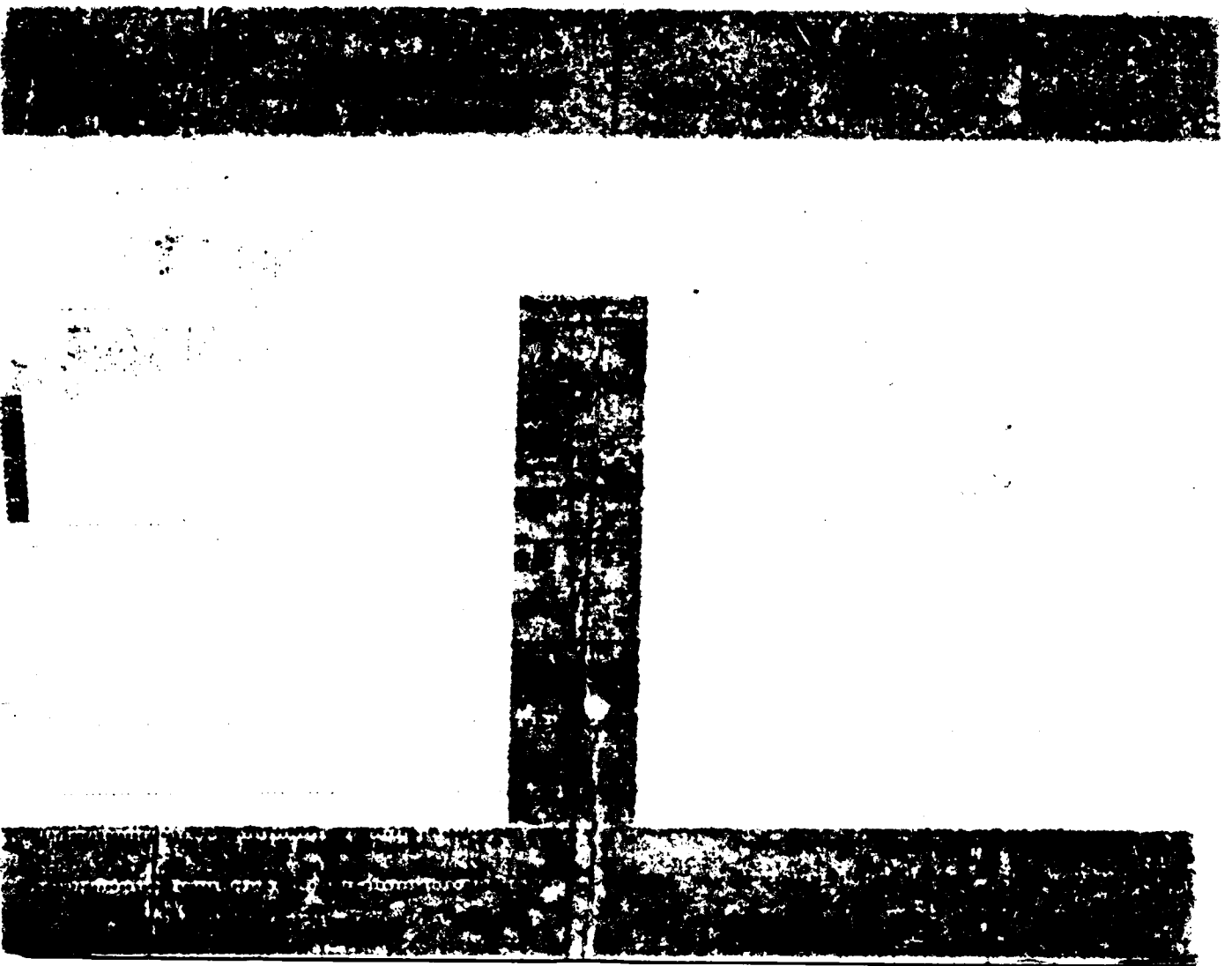
Filed 5 5 1922

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



769-211-001-143

PLACE OF BIRTH

RECEIVED
JUN 2 - 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 521 Grove St. Registration District No. ✓ File No. 100695

Hospital Primary Registration District No. 1004 Registered No. 226

FULL NAME OF CHILD Violet Marie Gordy
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes.	May 11 1922

What bactericidal solution was used in eyes? Credes'

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Oliver Cavis Gordy.	FULL MAIDEN NAME	Jewell Ray Adcock
RESIDENCE	521 Grove	RESIDENCE	521 Grove
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ida No.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 A M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Pen Bank
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Boise Ida

Filed 6-27 1922 J. N. Matt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 26 1943

NOV 4 1991

981-118-001-279

PLACE OF BIRTH

County of Ada

City of Boise

No. 614 So 16th St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 2 1922 BUREAU

CERTIFICATE OF BIRTH

Registration District No. 2

File No. 100696

Primary Registration District No. 1004

Registered No. 7

FULL NAME OF CHILD Arthur C. Ryals
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 18 1922

What bactericidal solution was used in eyes? 20% Argyrol

Number of child of this mother, including present birth 7 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Austin J Ryals	FULL MAIDEN NAME	Alta L Spriggs
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Missouri	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roscoe C Ward

Physician
(Physician or midwife)

Address Boise Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed ..... 192 2 .....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 2 6 1942

DECLASSIFIED

B2-218-001-859

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 2 - 1922

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. 100697

Registered No. 4

FULL NAME OF CHILD Mary Alice Atkinson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 18 1922

What bactericidal solution was used in eyes? 2% Silver nitrate

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Sheridan Knox Atkinson	FULL MAIDEN NAME	Stella Herfurth
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Canada	BIRTHPLACE	Missouri
OCCUPATION	Civil engineer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roscoe C Ward
Physician
(Physician or midwife)

Address Boise Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 5-31 1922 R L Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 12 1942

866-120-001-356

PLACE OF BIRTH

RECEIVED
JUN 2 - 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 437 So 9 St.

Registration District No. 2

File No. 100698

Hospital

Primary Registration District No. 1004

Registered No. 1

FULL NAME OF CHILD Ray Laverne Howard

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	5-20-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Raymond M. Howard	FULL MAIDEN NAME Lana Pearl Tefft
RESIDENCE Boise	RESIDENCE Boise
COLOR W.	COLOR W
AGE AT LAST BIRTHDAY 20 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Ill	BIRTHPLACE Cottonwood Idaho
OCCUPATION Laborer	OCCUPATION H W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8-45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Lutes

(Physician or midwife)

Address

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 5-3-1922

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4133-121-001-366

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

RECEIVED JUN 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada.

City of Boise

No. 1214 Bannock St.

Registration District No. 2

File No. 100700

Primary Registration District No. 1004

Registered No. 231

Hospital

FULL NAME OF CHILD Richard William Mc Claim.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
M				Yes	May	21	1922

FATHER		MOTHER	
FULL NAME	Chas W. Mc Claim	FULL MAIDEN NAME	Rachel Mae Cook
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	38.	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Washington
OCCUPATION	Court Reporter.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. H. Tallman M. D.
(Physician or midwife)

Address Boise Idaho.

Given names added from a supplemental report.

19

Registrar

Filed 5-31 1922

T. A. Craft
Registrar

Certified copy issued October 24, 1940. E.W.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

367-123-001-492

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 2 - 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Lukes

Registration District No. 2

File No. 100701

Primary Registration District No. 1004

Registered No. ...

FULL NAME OF CHILD Ralph Amos Logan

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 5 - 23 - 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas A. Logan	FULL MAIDEN NAME	Viva Michael
RESIDENCE	1412 Grand Ave, Boise Ida	RESIDENCE	1412 Grand Ave, Boise, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Cook	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8.30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Carl Hill
Physician A. B.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar.

Address Empire B, Boise, Ida

Filed 5-31 1922 [illegible]
Registrar.

...AL REASONS ... A CERTIFIC...
...CH CHILD A...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: St. Lukes Hospital

County: Ada

File Number: 100701

Registration Dist. No.:

Date of Birth: May 23 192 2

Sex of Child: Male

Father: Charles Amos Logan
Full Name

Mother: Viva Anna Michael
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Ralph Amos Logan
Child's Name in Full

Mrs. Chas. A. Logan
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

762-123-001-595

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 2 1922 BUREAU OF VITAL STATISTICS

County of Ada

City of Boise

No. 5 Registration District No. 2 File No. 100702

Hospital St Lukes Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD Robert Laurence Gossi
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes.	May 23 1922

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Laurence Gossi	FULL MAIDEN NAME Alice C Sweeney
RESIDENCE 116 N 14	RESIDENCE 116 N 14
COLOR W. AGE AT LAST BIRTHDAY 21 (Years)	COLOR W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Mont
OCCUPATION machinest	OCCUPATION H W

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 P. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bauch

(Physician ~~or midwife~~)

Address Boise Ida

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 5-21 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 26 1942

APR 19 1945

MAR 18 [illegible]

JAN 24 1975

815-224-001-962

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Registration District No. 2 File No. 100703

Hospital St Alphonsus Primary Registration District No. 1004 Registered No. .....

FULL NAME OF CHILD Gladys Fern Hansen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	May 24 1922

What bactericidal solution was used in eyes? 2% Ag NO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Harry Leonard Hansen	FULL MAIDEN NAME	Jessie Ross
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Norway	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roscoe C Ward
Physician
(Physician or midwife)

Address Boise Idaho

Give names added from a supplemental report.

....., 19....

.....
Registrar.

Filed 5-3 1922 [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

667-124-001-525

PLACE OF BIRTH

RECEIVED JUN 2 1922 BUREAU STA

~~Form V.~~ S. No. 11-C—25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 100704

No. 919 Franklin St.

Primary Registration District No. 1004

Registered No. 235

Hospital St Alphonsus

FULL NAME OF CHILD Robert Bernard Fox

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	5 (Month) 24 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	C. T. Fox	FULL MAIDEN NAME	Hellen Ebert
RESIDENCE	Boise, Ida	RESIDENCE	Boise, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Minn.
OCCUPATION	Display-man	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D P Higgs M D
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Registrar

Address 402 Ida Bldg

Filed 5-31 1922

A. H. Pratt
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho Minn } ss.
County of Ramsey

Certificate No. 100704

Date Filed May 22-1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Robert Bernard Fox (Name on Original Certificate) who born (Was Born or Died) on May 24-1922 (Date of Event)
in Boise Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Robert Bernard Fox

Subscribed and sworn to before me this 25
day of May, 1942

Notary Public, residing at Minneapolis Minn
My commission expires (Seal)
Notary Public, Hennepin County, Minn.
My Commission Expires March 7, 1948.

Signed Mrs. Curtis D. Fox
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2090 Berkeley ave St Paul Minn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd
day of May, 1942

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 29 1942

JUN 2 1942

693-126-001-253

PLACE OF BIRTH

RECEIVED JUN 5 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ____ St.

Registration District No. 2 File No. 100705

Hospital St. Alph. Primary Registration District No. 1004 Registered No. ____

FULL NAME OF CHILD Charrier James William
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	5 / 26 / 1922

What bactericidal solution was used in eyes? Silver Nitrate 2%.

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Chas Paul Charrier	Florence Bell
RESIDENCE	1718 Harrison Blvd.	1718 Harrison Blvd.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	39
BIRTHPLACE	Michigan	Ohio
OCCUPATION	Dentist	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7:45 A.M.
(Born alive or stillborn)
on the date above stated.

(Signature) Fred A. Pittenger M.D.

Physician
(Physician or midwife)

Address ____

Filed 5-2 1922 H. Hall
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/7/61 L. B.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

MAY 2 19

STATE OF Idaho)
) SS.
COUNTY OF Ada)

AFFIDAVITS FOR CORRECTION OF A RECORD

Dr. Chas. P. Charrier of Boise, Idaho

Being first duly sworn, deposes and says that he is the Father
(if related, specify degree,

of Unnamed Charrier
if friend or otherwise, so state)

who was born in the city of Boise, County of Ada
(was born, died)

on the 26th day of May, 19 22, as stated in a certificate of birth
birth or

filed by Dr. Fred A. Pittenger
death (name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Boise, County of Ada

Idaho, on the 31st day of May, 19 22.

That the following facts set forth in said certificate are not correctly stated therein, to wit: Name -- Unnamed

That affiant upon His own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows,

Name -- James William Charrier

(SEAL)

Affiant Charles P Charrier

Address 512 Eastman Bldg

Subscribed and sworn to before me this 1st day of May 194

(JAMES W. PERRY)
Notary Public, Ada County, Idaho
My Commission Expires November 12, 1944

Notary Public

391-107-001-893

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUN 2 - 1922
VITAL STATISTICS

County of Ada
City of Boise
No. R. 4 D. 5 St.
Hospital

Registration District No. 5
Primary Registration District No. 2008
File No. 100706
Registered No. 24

FULL NAME OF CHILD Robert Henry Crawford
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 7 1922

What bactericidal solution was used in eyes? 1% silver nitrate

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Henry M. Crawford	FULL MAIDEN NAME Celia B. Hill
RESIDENCE Boise, R. D. 5	RESIDENCE Boise, R. D. 5
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Arkansas
OCCUPATION Laborer	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. L. Dustin
(Physician or midwife)

Address Overland Bldg. Boise

Filed 5-3 1922

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4 3 3-104-001-312

PLACE OF BIRTH

amended 1-18-61

County of Ada

City of Meridian

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 100707

Primary Registration District No. 11 Registered No. 23

FULL NAME OF CHILD Robert Sylvester McCarty

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
male				March 4, 1922 (Month) (Day) (Year)

What bacteriocidal solution was used in eyes? 1% Sol Silver Nitrate

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

FATHER	MOTHER
FULL NAME: Sylvester C. McCarty	FULL MAIDEN NAME: Margarette L. Tabot
RESIDENCE: Meridian, Idaho	RESIDENCE: Meridian, Idaho
COLOR: white	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Kentycky
OCCUPATION: barber	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) H. F. Neal

M. D.
(Physician or midwife)

Address Meridian, Idaho

Filed 5/2 1922 H. F. Neal
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certificate of Service in United States Marine Corps. Viewed by Vs. Dated November 20, 1950 to November 19, 1956. Gives name as Robert Sylvester McCarty.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Resident Military Furlough Permit gives name as Robert S. McCarty. Dated 11-8-55. Viewed by VS.

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 100707

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Robert Sylvester McCarthy (Name on Original Certificate) who was born (Was Born or Died) on March 4, 1922 (Date of Event) in Meridian, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Last Name of Child	McCarthy	Robert Sylvester McCarty
Mother's Full Maiden Name	Margarette L. Tabot	Margaret L. Talbot

Subscribed and sworn to before me this 18TH day of JANUARY, 1961

Notary Public, residing at BOISE, IDAHO

My commission expires 9-14-64

(Seal)

Signed Irene Taylor
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of Jan., 1961

Notary Public, residing at Boise, Idaho

My commission expires 8-18-64

(Seal)

Signed Ethel M. Hilling
(Signature of Any Credible Person)

2715 Idaho St.
(Street Address, City, State) Boise Idaho

FORM DH 60-155 CL 9-12-60. nm

Own child's birth certificate on file in Idaho#84740 gives mothers name as Margaret Talbot. Dated September 21, 1920.

812-284-884-175

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

100708

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. ..... St.

Registration District No. .....

File No. .....

Hospital .....

Primary Registration District No. 11

Registered No. 24

FULL NAME OF CHILD Bessie Blanche Haskins

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	4 - 4 - 1922

What bacterioidal solution was used in eyes? 1% Sol Nitrate Silver

Number of child of this mother, including present birth 3 ... Number of children of this mother now living, including present birth 3 ...

FATHER	MOTHER
FULL NAME: Guy R. Haskins	FULL MAIDEN NAME: Camilla Clarinda Agenbroad
RESIDENCE: Meridian Idaho	RESIDENCE: Meridian Idaho
COLOR: White	COLOR: white
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Mississippi	BIRTHPLACE: South Dakota
OCCUPATION: barber	OCCUPATION: housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10:43 P. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192....

..... Registrar.

(Signature) W. F. Neal MD

(Physician or midwife)

Address Meridian Idaho

Filed 4/7 1922 W. F. Neal

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 100708

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Bessie Blanche Haskin (Name on Original Certificate) who born (Was Born or Died) on April 4, 1922 (Date of Event)
in Meridian (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on June 3, 1943 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date	April 3, 1922	April 4, 1922
Name	Clarinda Agenbroad	Camilla Agenbroad

Subscribed and sworn to before me this 3rd
day of June, 19 43
Notary Public, residing at Boise
My commission expires 1/14/47
(Seal)

Signed Camilla Agenbroad Haskins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 3 1943

892-[illegible]-493

PLACE OF BIRTH

Ada YAM

Meridian

St.

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 100709

Primary Registration District No. 11 Registered No. 25

NAME OF CHILD Gerald Robert Hibbs
(Certificate of no value without full name of child.)

ale	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of birth 4 (Month) 20 (Day) 1922 (Year)

ericidal solution was used in eyes? 1% sol. Silver nitrate

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	T. M. Hibbs	FULL MAIDEN NAME	Elizabeth A Miller
RESIDENCE	Meridian Idaho	RESIDENCE	Meridian Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:50 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H F Mal

M.D.
(Physician or midwife)

Given [illegible] from a supplemental report.

Address Meridian Idaho

192

Filed 4 [illegible] 192 2 H F Mal

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 8
MAY 6
SEP 1 1971

552.286-00-844

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 100710

County of Ada
City of Meridian
No. RR 1 St.
Registration District No.
Hospital
Primary Registration District No. 11
Registered No.

FULL NAME OF CHILD Bermaline Elaine West-26
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	and		yes	4 26 1922

What bactericidal solution was used in eyes? 1% Sol Silver Nitrate

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ellis M. West	FULL MAIDEN NAME	Ella A. Hudson
RESIDENCE	Homedale Idaho	RESIDENCE	Homedale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal M D
(Physician or midwife)

Address Meridian Idaho

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed 4/30 1922 H. F. Neal
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 20 1942

962-227-001-386

PLACE OF BIRTH

RECEIVED
JUN 2 - 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Green Meadow School Dist

No. ..... St.

Registration District No. 8 File No. 100711

Hospital .....

Primary Registration District No. 2008 Registered No. 37

FULL NAME OF CHILD Virginia Nelle Ross
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes.	Apr 27 1922

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Carl B Ross	FULL MAIDEN NAME	Isabel Thompson
RESIDENCE	near Green Meadow School.	RESIDENCE	near Green Meadow School
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Neb.	BIRTHPLACE	Ida
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was Born alive at 12.35 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Back
(Physician ~~or midwife~~)

Address Boise Ida

Filed 5-20 1922 R. H. Pratt
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Boise, Idaho, 6/10 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth: City Boise; Street RF #3; County Ada

File Number 100711

Registration Dist. No. Green Mea

Date of Birth April 27 1922

Sex of Child Female

Father Carl B. Ross
Full Name

Mother Isabelle Thompson
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Virginia Nelle Ross
Child's Name in Full

Isabelle Ross
Signature of Father or Mother

FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage d legitimacy.

It enables the Public Health Nurse to make sure the child has en protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

253-102-00-133

PLACE OF BIRTH

RECEIVED JUN 2 - 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100712

County of Ada

City of Franklin School D

No. ..... St.

Registration District No. 8 File No. .....

Hospital ..... Primary Registration District No. 2008 Registered No. 36

FULL NAME OF CHILD .....
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes.	May 2 1922

What bactericidal solution was used in eyes? Credes Solution

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Oliver K Bell	FULL MAIDEN NAME	Mabel Allen
RESIDENCE	near Franklin School	RESIDENCE	near Franklin School
COLOR	W AGE AT LAST BIRTHDAY 25 (Years)	COLOR	White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mont.
OCCUPATION	Electrician	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock
(Physician or ~~midwife~~)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address Boise Ida

Filed 5-20 1922 R. H. Pratt Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-116-001-281

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 2 - 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100713

County of Ada

City of Boise

No. RD #4 St.

Registration District No. 8 File No.

Hospital

Primary Registration District No. 2008 Registered No. 35

FULL NAME OF CHILD John Dow Selby
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	5/16 1922

What bactericidal solution was used in eyes? Yes

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John D. Selby	FULL MAIDEN NAME	Vera Shaver
RESIDENCE	Atlanta Id	RESIDENCE	Atlanta Id
COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Ia	BIRTHPLACE	Neb.
OCCUPATION	Forest Ranger	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 15/100 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pittenger
Physician
(Physician or midwife)

Address Boise Idaho

Filed May 20 1922 R. N. Pratt
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/3/41 L. B.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Boise

Street: R # 4

County: Ada

File Number: 100713

Registration Dist. No.:

Sex of Child: Male

Date of Birth: May 16, 1922

Father: John Dewey Selby (Full Name)

Mother: Vera Lucile Shaver (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

John Dow Selby

Child's Name in Full

Mrs. John D. Selby

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

194-105-00-353

PLACE OF BIRTH

RECEIVED
JUN 2 - 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. R. D. 1 St.

Registration District No. 8 File No. 100714

Hospital

Primary Registration District No. 2008 Registered No. 34

FULL NAME OF CHILD Franck Albert Ridenour

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 5 1922

What bactericidal solution was used in eyes? Silver Nitrate Boracic acid

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Virgil Ridenour	FULL MAIDEN NAME	Iva Cecil
RESIDENCE	Boise R D 1	RESIDENCE	Boise R D 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska
OCCUPATION	Ranchman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) R. E. French M. D.

(Physician or midwife)

Address 417 Overland Bldg. Boise Ida.

Filed May 11 1922 R. N. Craft Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-204-00-415

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 2 - 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Barber

No. Arrow Rock St. Registration District No. 8 File No. 100715

Hospital Primary Registration District No. 2008 Registered No. 33

FULL NAME OF CHILD Mildred Helen Berry
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	April 4 1922

What bactericidal solution was used in eyes? Boracic Acid. Silver Nitrate.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	George G. Berry	FULL MAIDEN NAME	Minnie Bell Davenport
RESIDENCE	Barber Idaho	RESIDENCE	Barber Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Tennessee	BIRTHPLACE	Kentucky
OCCUPATION	Laborer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) **at** 3 a. M. **on the date above stated.**

(Signature) A P French M D

(Physician or midwife)

Address 417 Overland Bldg. Boise

Filed May 11 1922 R. W. Pratt
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 7 1958

517-110-004-378

PLACE OF BIRTH

RECEIVED
JUN 2 - 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100716

County of Ada

City of Boise

No. R D # 2 St.

Registration District No. 8 File No.

Hospital

Primary Registration District No. 2008 Registered No. 32

FULL NAME OF CHILD Luther Otis Milton Eagle

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	and		yes	March 10 1922

What bacterioidal solution was used in eyes? Boracic Acid Silver Nitrate

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Guy H. Eagle	FULL MAIDEN NAME	Mamie Taylor
RESIDENCE	Boise R D # 2	RESIDENCE	Boise R D 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Pueblo Colorado
OCCUPATION	Carpenter	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:45 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P P French M D

(Physician or midwife)

Address 417 Overland Bldg Boise Ida

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed May 11 1922 R N Pratt

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

343-113-001-395

RECEIVED
JUN 2 - 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise - West of City

Registration District No. 8 File No. 100717

No. Gary Sta. St.

Primary Registration District No. 2008 Registered No.

Hospital

FULL NAME OF CHILD Ernest Howard Tucker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	May 13, 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Howard H. Tucker	FULL MAIDEN NAME	Adele Treloar
RESIDENCE	Gary Station, Idaho.	RESIDENCE	Gary Station, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Pennsylvania, U.S.A.	BIRTHPLACE	Forney, Idaho.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest E. Lanbaugh Physician

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed May 31 1922 R H Pratt Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-103-203-623

Amended: 3-22-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 100719
Local Reg. No.
Reg. Dist. No. 2161

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kelly

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kelly

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): William b. (Middle): Joseph c. (Last): Purvis

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) April (Day) 3, (Year) 1922

FATHER OF CHILD

7. FULL NAME

a. (First): Will b. (Middle): F. c. (Last): Purvis

8. AGE (At time of this birth): 47 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Canada

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Mary b. (Middle): A. c. (Last): Osterhaut

13. AGE (At time of this birth): 32 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Colorado

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 5

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Walter L. Bach

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Bancroft, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 5-1-22

22. REGISTRAR'S SIGNATURE: W. L. Bach

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES NO DATE ____

OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
SEP 8 1967
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 100719

Date Filed .....

The undersigned does solemnly swear that certain facts in the certificate of Birth (Birth or Death)
for Will V Purvis (Name on Original Certificate) who was born (Was Born or Died) on April 3, 1922 (Date of Event)
in Kelly, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Will V Purvis	William Joseph Purvis

Subscribed and sworn to before me this 29 day of August, 1967

Virginia Arbuckle

Notary Public, residing at Great Falls, Mont.

My commission expires May 13, 1969

(Seal)

Signed Mary Q. Purvis

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Cascade }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of August, 1967

Virginia Arbuckle

Notary Public, residing at Great Falls, Mont.

My commission expires May 13, 1969

(Seal)

Signed James Buttrick

(Signature of Any Credible Person)

Box 25 Vaughn, Montana

(Street Address, City, State)

FORM DH 60-155 CL 6-8-67. 55 one copy pd.

App. for Insurance Policy in Northwestern National Life Insurance Co., dated July 26, 1957, gives name of App. as William Joseph Purvis, born April 3, 1922, at Bancroft, Idaho - viewd by V.S.

U.S. Army, Honorable Discharge, dated Sept. 8, 1945, gives name as William J. Purvis, date ;of birth April 3, 1922, at Bancroft, Idaho - viewed by V.S.

Social Security Card, Account No. 516-30-4670, obviously old, gives name as William Joseph Purvis - viewed by V.S.

253-21-007-533

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 100720

County of Bannock

City of Bancroft

No. ____ St.

Registration District No. 2161

Primary Registration District No. 84

Registered No. ____

Hospital ____

FULL NAME OF CHILD JoanKelly
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	4-11-22 192

What bactericidal solution was used in eyes? Arg 20 %

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Teller Kelly	FULL MAIDEN NAME	Marie Elliason
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W	COLOR	white
AGE AT LAST BIRTHDAY (Years)	W24	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Rockland Utah	BIRTHPLACE	Logan Utah
OCCUPATION	Farmer	OCCUPATION	h.w.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6:30 A. M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Walter S Bach M.D.
(Physician or midwife)

Address Bancroft

Filed 5-1 22 W S Bach
Registrar.

Give names added from a supplemental report.

....., 19.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1 1942

386-010-003-265

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ____ St. ____ Registration District No. 2161 File No. 100721

Hospital ____ Primary Registration District No. 84 Registered No. ____

FULL NAME OF CHILD Thompson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	4-10-22 192

What bactericidal solution was used in eyes? arg 20 %

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	I.E. Thompson	FULL MAIDEN NAME	Anna Swensen
RESIDENCE	Chesterfield	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Bountiful Utah	BIRTHPLACE	Hyde Park Utah
OCCUPATION	Farmer	OCCUPATION	h.w.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 3:15 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Walter B Bach M.D.
(Physician or midwife)

Address Bancroft

Give names added from a supplemental report.

....., 19.....
Registrar.

Filed 5-1-22 192 Wm Bach
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Bancroft

Street:

County: Bannock

File Number: 100721

Registration Dist. No.:

Date of Birth: April 10 192 2

Sex of Child: Female

Father: Iseral E Thompson
Full Name

Mother: Anna [redacted] Swenson
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Gwen Thompson
Child's Name in Full

Anna E Thompson
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ADVISE BY FURNISHING THE NAME OF YOUR CHILD.

154-108-003-349

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lund

No. ____ St.

Hospital ____

Registration District No. 2161 File No. 100722

Primary Registration District No. 84 Registered No. ____

FULL NAME OF CHILD Joseph Curtis Andersen
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			yes	4-8-22 192...

What bactericidal solution was used in eyes? arg 20 %

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Carl Andersen	FULL MAIDEN NAME: Arvine Curtis
RESIDENCE: Lund	RESIDENCE: Lund
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Sweden	BIRTHPLACE: Logan Utah
OCCUPATION: Farmer	OCCUPATION: h.w.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:15 A. M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Walter L Bach M.D.

(Physician or midwife)

Address Bancroft

Filed 5-1-22 192 W L Bach

Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 19 1941

389-110-003-313

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock F
City of Bancroft
No. ____ St.
Registration District No. 2161
File No. 100723
Hospital ____
Primary Registration District No. 84
Registered No. ____

FULL NAME OF CHILD Fred Donovan Christensen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	4-10-22 192

What bactericidal solution was used in eyes? arg 20 %

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Fred Christensen	FULL MAIDEN NAME	Cloa Call
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Henry Idaho	BIRTHPLACE	Chesterfield Idaho
OCCUPATION	Butcher	OCCUPATION	h.w.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:35 A M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Walter Bach M.D.
(Physician or midwife)

Address Bancroft

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 5-1-22 192 Wal Bach
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 27 1950

235-201-603-800

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ____ St.

Registration District No. 2161 File No. 100724

Hospital ____ Primary Registration District No. 84 Registered No. ____

FULL NAME OF CHILD Florence Stewart
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	April 22 1922

What bactericidal solution was used in eyes? arg. 20 %

Number of child of this mother, including present birth 13 Number of child of this mother now living, including present birth 9

FATHER	MOTHER
FULL NAME: Antonio Stewart	FULL MAIDEN NAME: Minnie
RESIDENCE: Hatch	RESIDENCE:
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 46 (Years)	AGE AT LAST BIRTHDAY: 42 (Years)
BIRTHPLACE: Denmark	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: h.w.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) **at** 2:35 P. M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Walter Rach M.D.
(Physician or midwife)

Address Bancroft

Filed 5-1-22 192 W. F. Bach
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
JUN 4 1956
Division of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 100724

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Stewart (Name on Original Certificate) who was born (Was Born or Died) on April 1, 1922 (Date of Event)
in Bancroft, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Baptism April 4, 1931 (Bible Record, Insurance Policy, Etc.) prepared on May 7, 1922 (Give Date) viewed by Vital Statistics, are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	missing	Florence Mabel Stewart

Subscribed and sworn to before me this 1 day of June, 1956

Notary Public, residing at Pocatello, Idaho
My commission expires April 1, 1960
(Seal)

Signed Kathryn S. Gates
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5130 Carolina St. Los Angeles 22 Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1 day of June, 1956

Notary Public, residing at Pocatello, Idaho
My commission expires April 1, 1960
(Seal)

Signed Bernice S. Lawson
(Signature of Any Credible Person)

1036 N. Grant, Pocatello, Idaho
(Street Address, City, State)

FORM DPH 55.155

319-228-003-345

PLACE OF BIRTH amended 1/7/80

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Bannock
City of Bancroft
No. ..... St. .....
Registration District No. 2161 File No. 100725
Hospital .....
Primary Registration District No. 84 Registered No. .....

FULL NAME OF CHILD Peterson Anna Farnell
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	4-28-22 192

What bactericidal solution was used in eyes? arg 20 %

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Frances Peterson	FULL MAIDEN NAME	Annie Cronquist
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Manti Utah	BIRTHPLACE	Logan Utah
OCCUPATION	Blacksmith	OCCUPATION	h.w.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:35 A M. **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Walter L Baer M.D.
(Physician or midwife)

Address Bancroft

Give names added from a supplemental report.

....., 19.....
Registrar.

Filed 5-1-22 92 W L Baer
Registrar.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Bancroft

Street: —

County: Bannock

File Number: 100725

Registration Dist. No.:

Date of Birth: May 28 1922

Sex of Child: Female

Father: Francis A. Peterson (Full Name)

Mother: Anna Peterson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Anna Larrell Peterson (Child's Name in Full)

Francis Henry Peterson (Signature of Father or Mother)

BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 31 2 20 PM '79

State of _____
County of _____ } ss.

Certificate No. 100725
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Anna Larnell Peterson (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 28, 1922 (Date of Event)

in Bancroft Idaho (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
father's name	Farces Peterson	Francis Peterson
mother's name	Anna Lundquist	Annie Cronquist

Subscribed and sworn to before me this 23rd day of December, 1979

Notary Public, Ronald L. Peters

Residing at 2433 middleburg DR, Boise, Ida

My commission expires May 1981

(Seal)

Anna Larnell P. Peterson
Signature of Applicant

Rt #2 Twin Falls Idaho 83301
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of December, 1979

Notary Public, Ronald L. Peters

Residing at 2433 middleburg DR, Boise, Ida

My commission expires May 1981

(Seal)

Marian P. Doman
Supporting Signature

2861 McBride pl. Burley, Id
Street Address, City, State

CL 12/11/79 1cc sent as is

Membership record from the LDS Church gives name as Anna Larnell Petersen born April 28, 1922 at Bancroft, Idaho. father's name as Francis H. Peterson and mother's name as Annie Cronquist. meeired to Floyd M. Petersen on April 21, 1941. Blessed June 4, 1922 and Baptized July 6, 1930. viewed by V. S.

Sealing of Children to Parents from the LDS Church gives name of father as Francis Henry Petersonxxd and mother's name as Annie Cronquist. child's name as XXXXXXX Anna Larnell Peterson. dated Dec 9, 1937. viewed by V. S.

JAN 8 1980

862-107-203-844

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 100726
Local Reg. No.
Reg. Dist. No. 2161

Amended 3/13/74

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lund

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lund

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Date b. (Middle): Ellwood c. (Last): Yost

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Male	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	April 3, 1922

FATHER OF CHILD

7. FULL NAME

a. (First): Fred b. (Middle): C. c. (Last): Yost

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
32 YEARS	Switzerland	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Bertha b. (Middle): c. (Last): Humphries

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
26 YEARS	Logan, Utah	2		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Walter L. Bach

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Bancroft,

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 5-1-22

22. REGISTRAR'S SIGNATURE: W. L. Bach

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS | WEIGHT AT BIRTH ____ LBS. ____ OZS. | TIME: 2 PM

RACE OR COLOR OF FATHER: W | RACE OR COLOR OF MOTHER: W

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

DECEASED 7-20-06 ID 06-5680

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS FEB 25 12 58 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 100726

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Della Elwood Yost (Name on Original Certificate) who was born (Was Born or Died) on April 3, 1922 (Date of Event) in Lund, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Della Elwood Yost	Date Ellwood Yost
sex of child	Female	Male

Subscribed and sworn to before me this 19th day of FEB, 1974

Signed Fred Yost
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

OFFICIAL SEAL
WINSTON T. BURR
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
My Commission Expires Feb. 27, 1977

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of FEB, 1974

Signed Fred Yost
(Signature of Any Credible Person)

Notary Public, residing at .....
My commission expires .....
(Seal)

OFFICIAL SEAL
WINSTON T. BURR
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
My Commission Expires Feb. 27, 1977

7253 Luxor
(Street Address, City, State)
Downey Cal
Winston T. Burr

FORM DH 60-155 CL 11/1/73

WINSTON T BURR

Certificate of Blessing from LDS Church gives name as Date Elwood Yost son of Fred M Yost and Bertha Pearl Humphrey. born April 3, 1922. Was Blessed May 7, 1922. Viewed by V. S.

Certificate of Baptism and Confirmation from the LDS Church gives name as Date Elleood Yost son of Fred Yost and Pearl Humphreys. Born April 3, 1922. at Bancroft, Idaho. Was Baptized April 27, 1930. Viewed by V. S.

814-165-003 - 866

(Be sure the information is complete and accurate)

Amended November 5, 1965

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 100727
Local Reg. No.
Reg. Dist. No. 28

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: General

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Dale b. (Middle): Lewis c. (Last): Hammond

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): March 5, 1922

FATHER OF CHILD

7. FULL NAME a. (First): Lee b. (Middle): c. (Last): Hammond

8. AGE (At time of this birth): 36 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Fay b. (Middle): c. (Last): Hoopes

13. AGE (At time of this birth): 23 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: D. C. Ray, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Pocatello, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 5-1-1922

22. REGISTRAR'S SIGNATURE: J. R. Young

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Marriage license and certificate issued at Bannock County, Pocatello, Idaho August 31, 1946 gives name as Dale Lewis Hammond. viewed by V.S.

Discharge papers from the U. S. Navy dated June 26, 1946 give name as Dale Lewis Hammond. viewed by V.S.

IN RE APPLICATION FOR AMENDED BIRTH CERTIFICATE

(Pursuant to §39-250, Idaho Code)

STATE OF IDAHO)
:ss
COUNTY OF BANNOCK)

AFFIDAVIT

FAYE H. HAMMOND, of 311 South Johnson, Pocatello, Idaho, being duly sworn, on her oath, deposes and says:

That affiant is the natural mother of that certain "William Lee Hammond," born on March 5, 1922, at Pocatello, Idaho, as disclosed on that certain Certificate of Birth on file in the Bureau of Vital Statistics, Department of Public Welfare, of the State of Idaho, bearing File No. 100727.

Your affiant, the natural mother of said subject, alleges that she did not learn that said birth certificate disclosed the name of her son, as "William Lee Hammond" until on or about the 14th day of October of this year, upon the receipt of a photostatic copy of the original birth certificate from the Bureau of Vital Statistics.

Your affiant avers and alleges that she has, at all times since the birth of said subject, assumed that the birth certificate disclosed the name of her natural son to be: "Dale Lewis Hammond."

That the birth of affiant's son on March 5, 1922, was a single delivery, and there is no confusion with regard to the identity of the child born to the undersigned in Pocatello, Idaho, on March 5, 1922, and attended by Dr. D. C. Ray, a physician and surgeon practicing medicine in Pocatello, Idaho.

Affiant further represents that the subject of this birth certificate received a church blessing under the name of Dale Lewis Hammond, and that this subject has, throughout his natural life and to the present date, been known and recognized as Dale Lewis Hammond by his family and associates.

Affiant further alleges that the subject of this birth certificate served in the Armed Forces during World War II and was married under the name and designation of Dale Lewis Hammond. Affiant further supports this Affidavit by two documents, each being more than five years old, which documents factually indicate the original birth certificate discloses a first and middle name different from that used and employed by the subject of said birth certificate ever since the date of his birth on March 5, 1922.

Affiant further alleges that her son was baptized in the church of his choice under the name of Dale Lewis Hammond, and that his Social Security and employment records disclose the name of Dale Lewis Hammond.

WHEREFORE, this affidavit is respectfully given and submitted to the Bureau of Vital Statistics of the State of Idaho, pursuant to §39-250 of the Idaho Code, in support of an application for a new or amended birth certificate, bearing and disclosing the true name of said subject to be Dale Lewis Hammond.

Faye H. Hammond
Faye H. Hammond

JAYSON HOLLADAY
ATTORNEY AT LAW
836 EAST CENTER
POCATELLO, IDAHO

NOV 1 0 1965

SUBSCRIBED and sworn to before me this 29 day of October, 1965.

B. L. Stevens

NOTARY PUBLIC FOR IDAHO
Residing at Pocatello, Idaho

(SEAL)

719 - 206.003.395

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 333 N 6 St.

Registration District No. 28 File No. 100728

Hospital

Primary Registration District No. 2161 Registered No. 4302

FULL NAME OF CHILD Betty Loraine Paris
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
fr		yes	3-6-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Edgar D Paris	FULL MAIDEN NAME	Mildred E Lintelmann
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	N. C	BIRTHPLACE	Wis
OCCUPATION	Police detective	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Ray M.D.
(Physician or midwife)

Address Pocatello Idaho

Filed 5/1 1922 J. Young
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 7 1973

MAR 15 1951

356-208-003-962

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 25 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100729

County of Bannock

City of Pocatello

No. 344 W Carlos

Registration District No. 28

File No. 77

Hospital

Primary Registration District No. 2161

Registered No. 4303

FULL NAME OF CHILD Dorothy May Lewis
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
fr		Yes	3-8-192

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wm G Lewis	FULL MAIDEN NAME	Thelma Leah Robinson
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Calo	BIRTHPLACE	Utah
OCCUPATION	Chauffeur	OCCUPATION	housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 00 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D
(Physician or midwife)

Address Pocatello

Filed 5/1 192 2 J H Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 19 1945

JUL 20 1945

495-117-003-213

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 700730

County of Bannock
City of Pocatello
No. Two miles N. of City
Hospital Home
Registration District No. 28
Primary Registration District No. 241
Registered No. 4304

FULL NAME OF CHILD Masuo Minami
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	Mar. 17 1922

What bactericidal solution was used in eyes? Boracic Acid

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Masunosuke Minami	FULL MAIDEN NAME	Matsue Kato
RESIDENCE	Two miles N. of town	RESIDENCE	Two miles N. of Town
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Gardening	OCCUPATION	Gardening

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8:10 P. M.
(Born alive or stillborn)
on the date above stated. 1 Certified copy 6/5/40

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

1 Photostat copy 12/31/41
Give names added from a supplemental report.

(Signature) Mrs. Ann M. Bird
Midwife
(Physician or midwife)
Address 413 So. 4th Ave.

....., 19.....
.....
Registrar.

Filed 6/1 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

First copy issued June 5, 1940, by L. Pryant

DEC 31 1941

242.208.003-285

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

1-00731

County of Bannock
City of Pocatello
No. 526 W. Bonita St.
Hospital
Registration District No. 28
Primary Registration District No. 2141
File No.
Registered No. 4305

FULL NAME OF CHILD Monica Butler
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	3-18-192 2

What bactericidal solution was used in eyes? Arg. NO3 - 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Harrison M. Butler	FULL MAIDEN NAME	Monica Sheils
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Indiana	BIRTHPLACE	Ogden Utah
OCCUPATION	Drug Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] Physician
(Physician or midwife)
Address Pocatello

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 5/1 192 2 [signature]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Registrar.

363-220-003-575

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

County of Bannock
City of Pocatello
No. ~~[illegible]~~ S 4th St.
Hospital 417

Registration District No. 28
Primary Registration District No. 2161

File No. 100732
Registered No. 4306

FULL NAME OF CHILD Margaret May Cockrell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
fr		yes	3-20-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Stanley Arthur Cockrell	FULL MAIDEN NAME	Jane Edna Exeter
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Eng	BIRTHPLACE	Ida
OCCUPATION	clerk whole sale grocery	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10.40 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD
(Physician or midwife)

Address Pocatello Idaho

Filed 5/1 1922 J R Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

359-125-003-212

PLACE OF BIRTH

RECEIVED
MAY 23 19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

BUREAU OF STATISTICS

CERTIFICATE OF BIRTH 100733

County of Bannock

City of Pocatello

No. [redacted] St.

Registration District No. 28 File No. 77

Hosp[redacted]atello General Primary Registration District No. 2161 Registered No. 4307

FULL NA[redacted]OF CHILD Reid Melvin Leishman

(Certificate of no value without full name of child.)

[redacted] of [redacted]ild M[redacted]	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? yes	Date of birth (Month) Mar (Day) 25 (Year) 192 2

What bacterici[redacted]olution was used in eyes? 2% Sol. Argenti Nitratis

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Melvin Leishman	FULL MAIDEN NAME	Emma Baker
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Clerical Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 945 a. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Radford M.D.

(Physician or midwife)

Address Pocatello Idaho

Filed 5/1 192 2 J. H. Young

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 8 1947
JUN 25 1970
JUN 1 - 1953
JUN 3 - 1953

391-225-003-113

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100734

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 77

Hospital Pocatello General

Primary Registration District No. 2161 Registered No. 4308

FULL NAME OF CHILD Betty Lou Crafton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Mar 25 1922

What bactericidal solution was used in eyes? 2% Sal Argenti Nitratis

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Frank Crafton	FULL MAIDEN NAME	Gladys Jackson
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Alabama	BIRTHPLACE	Idaho
OCCUPATION	Clerk in store	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Roof M.D.
(Physician or midwife)

Address Pocatello Idaho

Filed 5/1 1922 J. R. Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

867-126-00[redacted]

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 100735

County of Bannock
City of Pocatello
No. _____ St.
Hospital None
Registration District No. 28
Primary Registration District No. 7161
Registered No. 4309

FULL NAME OF CHILD Samuel Edward Hopper
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Mar. 26 1922

What bactericidal solution was used in eyes? 2% Sol. Argenti Nitratis

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	Samuel Edwin Hopper	FULL MAIDEN NAME	Martha Ellen Crumps
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	England	BIRTHPLACE	North Carolina
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 9 a M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) John J. Roof M.D.
(Physician or midwife)

Address Pocatello Idaho.

Filed 5/1 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 28 19

SEVERAL REASONS [illegible] A CERTIFICATE OF [illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pocatello

Street: 5th Ave

County: Bannock

File Number: 100735

Registration Dist. No.:

Date of Birth: March 26th 1922

Sex of Child: Male

Father: Samuel Edwin Hopper (Full Name)

Mother: Martha Ellen Hopper (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named

Samuel Edward Hopper

Child's Name in Full

S. E. Hopper

Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

395-127-003-395

PLACE OF BIRTH

County of Bannock

City of Arimo

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100736

Registration District No. 28 File No. .....

Primary Registration District No. 2161 Registered No. 4310

FULL NAME OF CHILD Dale RAY Cregger
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	3	Yes	3-27-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? argyrol

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Wm Cregger	FULL MAIDEN NAME	Mattie Cregger
RESIDENCE	Arimo Idaho	RESIDENCE	Arimo
COLOR	wh AGE AT LAST BIRTHDAY 36 (Years)	COLOR	wh AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Va.	BIRTHPLACE	Va.
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2.40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Ray MD
(Physician or midwife)

Address Pocatello Idaho

Filed 5/1 1922 J. H. Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 22 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Virginia } ss.
County of Smyth }

Certificate No. 100736

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Dale Ray Cregger (NAME ON ORIGINAL CERTIFICATE) who was Born (WAS BORN OR DIED) on March 27, 1922 (DATE OF EVENT)
in Arimo, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Dale Ray Cregger

Subscribed and sworn to before me this 26 day of May, 19 42

Scottie Pugh
Notary Public, residing at Marion, Va.

My commission expires August 21, 1944
(SEAL)

Signed Mattie S Cregger
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

405 Cherry St. Marion, Va.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on JUN 1 1942 By
(REGISTRAR'S SIGNATURE)

JUN 3 1942

299-227-003-386

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 28 File No. 100737

Hospital St. Anthony's Primary Registration District No. 2161 Registered No. 4311

FULL NAME OF CHILD ~~Lucille~~ THELLA BERYL ~~Maud~~ Kirkendall
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female	1			Yes	3	27	1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate Sol. 1%

Number of child of this mother, including present birth 3rd, Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Frank Kirkendall	FULL MAIDEN NAME	Ethel Thomson
RESIDENCE	Tech. Farm	RESIDENCE	Tech Farm
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Kansas	BIRTHPLACE	Butterville Utah
OCCUPATION	Dairy man	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dean M. Newton
(Physician or midwife)

Address Pocatello, Ida

Filed 5/1 1922 J. H. Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 100737

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Lucille Maud (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on March 27, 1922 (DATE OF EVENT)
in Pocatello, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Record by her Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on March 27, 1922. (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Lucille Maud	Thella Beryl Kirkendall

Subscribed and sworn to before me this 1st
day of February 19 43.
Elizabeth C. Plant.
Notary Public, residing at Long Beach, Calif.
My commission expires My Commission Expires June 18, 1944
(SEAL)

Signed Ethel Thomson Kirkendall
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)
1315 Poppy Street, Long Beach, Cal.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st
day of February 19 43
Elizabeth C. Plant.
Notary Public, residing at Long Beach
My commission expires California
(SEAL) My Commission Expires June 18, 1944

Signed Maud M Thomson.
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Grandmother.
935 E. 5th Street, Long Beach, Cal
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

FEB 8 1943

993-128-003-618

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100738

County of Bannock

City of Pocatello

No. 1303 Harrison Registration District No. 28 File No. 77

Hospital Primary Registration District No. 2161 Registered No. 4312

FULL NAME OF CHILD Noel Richards
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
m		[illegible]	3 28 1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Wm G Richards	FULL MAIDEN NAME	Margaret M Waylett
RESIDENCE	Pauline Idaho	RESIDENCE	Pauline Idaho
COLOR	wh AGE AT LAST BIRTHDAY 28 (Years)	COLOR	wh AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3.15 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray
(Physician or midwife)

Address Pocatello Idaho

Filed 5/1 1922 J R Young
Registrar.

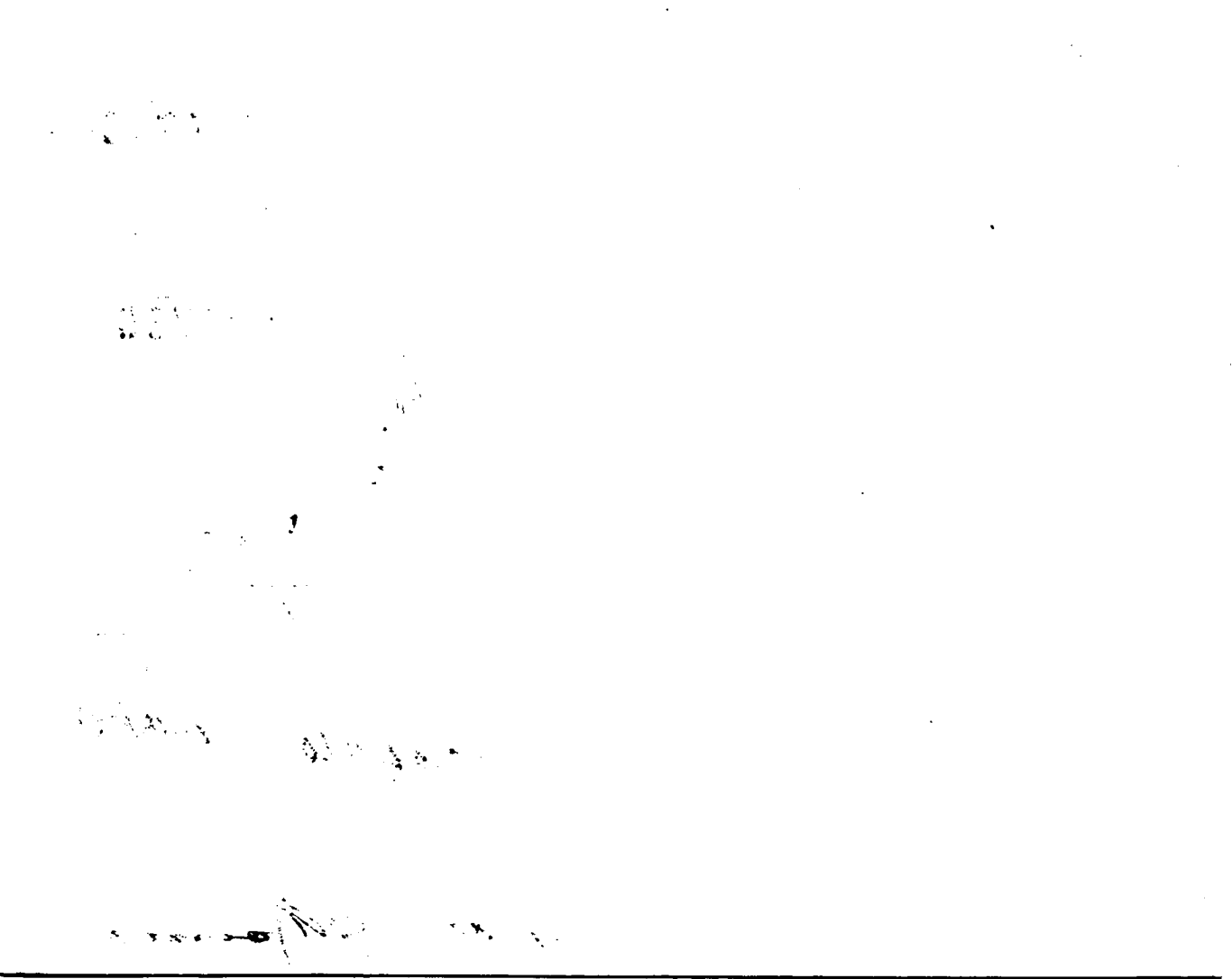
Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



253128:007-955

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-9-8-17.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

100739

County of Bannock

City of Lava Hot Springs

Registration District No. 28

File No. 77

No. ..... St.

Primary Registration District No. 2161

Registered No. 4313

Hospital .....

FULL NAME OF CHILD Arthur Charles Bell

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 3 (Month) 28 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Morris Charles Bell	FULL MAIDEN NAME	Rebecca Ivers
RESIDENCE	Lava Hot Springs	RESIDENCE	Lava Hot Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Lumber worker	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

Argerol

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 35 P.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Lava Hot Springs

Filed 5/1 1922 [signature]

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Beneficial Life Insurance Policy, No. 213412, June 14, 1941 gives full name of insured as Arthur Charles Bell, born March 28, 1919 at Lava Hot Springs, beneficiaries are given as Morris Charles Bell, father and Peggy Rebeca Bell, mother - insured's age at time the policy was taken our-19. - viewed by V.S. and Social Security Card, #519-16-6464, Oct. 18, 1946-date of issue- gives full name as Arthur Charles Bell-

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho viewed by V.S. } ss.
County of Bannock }

Certificate No. 100739

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Bell (Name on Original Certificate) who born (Was Born or Died) on March 28, 1922 (Date of Event)
in Lava Hot Springs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Discharge Papers 11-17-46 Insurance Policy 6-14-41 (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Arthur Charles Bell

Subscribed and sworn to before me this 28th day of November 1960

Notary Public, residing at Inkom, Idaho
My commission expires 7-20-61
(Seal)

Signed Peggy Bell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Inkom, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of November, 1960

Notary Public, residing at Inkom, Idaho
My commission expires 7-20-61
(Seal)

Signed Morris C. Bell
(Signature of Any Credible Person)

Inkom, Idaho
(Street Address, City, State)

FORM DPH 55.155 CL 3-24-60. one copy pd. receipt #21181.

FEB 6 1961

394.127.103-942

10

100740

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 100740
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 225 North 7th
(d) Name of Hospital of Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
225 North 7th Pocatello, Idaho
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Robert Albert Liday

5. DATE OF BIRTH (Month, day, year) March 29, 1922

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John A. Liday

11. Color or Race Wh

12. Age at time of THIS birth 44 yrs.

13. Birthplace St. Paul, Minnesota
(City or Town) (State or foreign country)

14. Exact Occupation

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Rushton

17. Color or Race Wh

18. Age at time of THIS birth 40 yrs.

19. Birthplace Salt Lake City, Utah
(City or Town) (State or foreign country)

20. Exact Occupation

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 3:55 A. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 23 1923 (Date received) (b) J. R. Young (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature D C Ray M.D. (D.O., Midwife, etc.)
and address Pocatello Date

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

381-107003-575

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100741

County of Bannock

City of Pocatello

No. 505 So. 3rd Ave. Registration District No. 28 File No. 77

Hospital Home Primary Registration District No. 2161 Registered No. 4314

FULL NAME OF CHILD Archie Elmer Chandler
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		Yes	April 1 1922

What bactericidal solution was used in eyes? Boracic Acid

Number of child of this mother, including present birth 9 Number of child of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Charles Leonard Chandler	FULL MAIDEN NAME	Ada Pearl Exeter
RESIDENCE	505 So. 3rd Ave	RESIDENCE	505 So. 3rd Ave.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Logan, Utah	BIRTHPLACE	Richmond, Utah
OCCUPATION	Car inspector	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird
Midwife
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address 413 So. 3rd Ave

Filed 5/1 1922 [signature]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

128-22-007-295

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

County of Bannock
City of Pocatello
No. 7th Ave St.
Hospital St. Anthonys

Registration District No. 28 File No. 100742
Primary Registration District No. 2161 Registered No. 4315

FULL NAME OF CHILD Hannah Francis Ash
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	1 (To be answered only in event of plural births)	1	yes	4 / 1 / 1922

What bactericidal solution was used in eyes? 1 gtt. 1% Silver nitrate Sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	William L. Ash	FULL MAIDEN NAME	Berneice Bingham
RESIDENCE	Quinn Apts.	RESIDENCE	Quinn Apts.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Logan Utah	BIRTHPLACE	Ogden Utah
OCCUPATION	Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.40 A. M. on the date above stated.

(Signature) W. A. Wright
Physician
(Physician or midwife)
Address Pocatello, Ida.
Filed 5/1, 1922 J. R. Young
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-201-[illegible]-419

PLACE OF BIRTH

RECEIVED
MAY 25 1922
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bannock

City of 3/4 mile S.E. Ft. Hall

Registration District No. 28 File No. 100743

No. —, — St.

Primary Registration District No. 461 Registered No. 4316

Hospital —

FULL NAME OF CHILD Mitsuke Matsumoto

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	—		—	Yes	April 1 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Rynosuke Matsumoto	FULL MAIDEN NAME	Tsuchie Ujita
RESIDENCE	Ft. Hall Reservation	RESIDENCE	Ft. Hall Reservation
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry R. Wheeler

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Ft. Hall Idaho

Filed 9/1 1922 J. Young Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

434-203-003-993

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100744

County of Bannock
City of Pocatello
No. ..... St.
Hospital General

Registration District No. 28 File No. 98
Primary Registration District No. 2161 Registered No. 4317

FULL NAME OF CHILD Helen Ruth McDonghal
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f.		yes	4-3-1922

What bactericidal solution was used in eyes? 1% Silver Nit

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Harry McDonghal	FULL MAIDEN NAME	Kate Rice
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Lawyer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... 39 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Ray MD
(Physician or midwife)

Address Pocatello

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 5/11 1922 J H Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

75-6-204-003-249

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100745

County of Bannock

City of N. Pocatello

No. 1725 Taft Ave. St.

Registration District No. 2

File No. 12

Hospital St. Anthony's

Primary Registration District No. 2101

Registered No. 431

FULL NAME OF CHILD Maybelle ~~Corrinne~~ George
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	4/4 1922.

What bactericidal solution was used in eyes? Ag No 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Zenas Franklin George	FULL MAIDEN NAME Gertrude Stella Burk
RESIDENCE 1725 Taft Ave.	RESIDENCE 1725 Taft Ave.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Independance, Idaho	BIRTHPLACE Butte, Mont
OCCUPATION Machinist	OCCUPATION Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:30 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard, M.D.

Physician
(Physician ~~or midwife~~)

Address 303-carlson Bldg. Pocatello,

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 5/1 1922 J. W. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 9 1944

386104 003-318

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 255 S. Main St.

Registration District No. 2

File No. 100746

Hospital

Primary Registration District No. 2161

Registered No. 4311

FULL NAME OF CHILD Major Ray Thompson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		Yes	Ap. 4 1922

What bactericidal solution was used in eyes? 1% AgNO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Jesse Martin Thompson	FULL MAIDEN NAME	Eva Una Taylor
RESIDENCE	255 So Main Pocatello Idaho	RESIDENCE	255 So Main Pocatello, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Mapelton, Utah	BIRTHPLACE	Blackfoot, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers
(Physician or midwife)

Address Pocatello Idaho

Filed 5/1 1922 J. R. Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

442-205-003-315

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100747

County of Bannock

City of Pocatello

No. 411 N. 3rd Ave. Registration District No. 28 File No. 18

Hospital Home Primary Registration District No. 2161 Registered No. 4320

FULL NAME OF CHILD Irene Murillo
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	April 5 1922

What bactericidal solution was used in eyes? Boracic Acid

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Amado Murillo	FULL MAIDEN NAME	Ines Cano
RESIDENCE	411 N. 3rd Ave.	RESIDENCE	411 N. 3rd Ave.
COLOR	Mexican	COLOR	Mexican
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Common labor	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8:50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird
Midwife
(Physician or midwife)

Address 419 So. 4th Ave.

Filed 5/1 1922 J. E. Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

415-105-003-813

County of Bannock

City of Pocatello

No. ..... St.

Hospital St. Anthonys

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 100748

Primary Registration District No. 2161 Registered No. 4832

FULL NAME OF CHILD Nick Damas

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1	and	yes	4 5 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? 1 gtt of 1% Silver nitrate Sol.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Gus Damas	FULL MAIDEN NAME: Jennie Gates
RESIDENCE: 547 North 4th.	RESIDENCE: 547 North 4th
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Greece	BIRTHPLACE: Pocatello
OCCUPATION: Machenist	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 2.20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hiram Newton
(Physician or midwife)

Address Pocatello Ida

Filed 5/1 1922 J.H. Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 19 1942

954-106-003-43

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100749

County of Bannock
City of Pocatello
No. 216 N. Grant St. Registration District No. 28 File No. 78
Hospital Home Primary Registration District No. 2161 Registered No. 4322

FULL NAME OF CHILD Edward Takeshi Izumikawa
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	April 6 1922

What bactericidal solution was used in eyes? Boracic Acid

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Saburo Izumikawa	FULL MAIDEN NAME	Haka Matsushita
RESIDENCE	216 N. Grant	RESIDENCE	216 N. Grant
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Japanese Interpreter	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird
Midwife
(Physician or midwife)

Address 413 So. 4th Ave

Filed 5/1 1922

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-207-003-268

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

File No. 100750

County of Bannock
City of Pocatello
No. ..... St.
Hospital General
Registration District No. 28
Primary Registration District No. 2161
Registered No. 4323

FULL NAME OF CHILD Helen Frances Schneider
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	4-7 1922

What bactericidal solution was used in eyes? Arg. Nit. 1%

Number of child of this mother, including present birth .....
Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Edward Jos. Schneider	FULL MAIDEN NAME	Wealthy Holmes
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	W	AGE AT LAST BIRTHDAY (Years)	25
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Salem S. D.	BIRTHPLACE	Dow City Iowa
OCCUPATION	Civil Engineer	OCCUPATION	Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:21 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] Physician
(Physician or midwife)

Address Pocatello

Filed 5/1 192 C [signature] Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 18 1963

FEB 25 1943

719-107-003-316

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 48

File No. 100751

No. 824 N. 12th St.

Hospital None

Primary Registration District No. 161

Registered No. 4324

FULL NAME OF CHILD Marvan Wylie Parker

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	April 1 1922

FATHER		MOTHER	
FULL NAME	Isaac Anderson Parker	FULL MAIDEN NAME	Angelia E. Lawrence
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Asheville N.C.	BIRTHPLACE	Pocatello Idaho
OCCUPATION	Brakeman appr	OCCUPATION	None

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:35 a M. on the date above stated.

(Signature) Hearn Newton

(Physician or midwife)

Address Pocatello Ida

Filed 5/1 1922

J. H. Young
Registrar

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

235-208-003677

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AMENDED CERTIFICATE OF BIRTH

County of Bannock
City of Pocatello
No. 7th Ave. St.
Hospital St. Anthonys

August 6, 1946 Registration District No. 28
Primary Registration District No. 2161

File No. 100752
Registered No. 4325

FULL NAME OF CHILD Margaret Ann Stenton
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	1 and	1	Yes	April 8, 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate 1%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Bert Stenton	FULL MAIDEN NAME: L. Margaret Ogg
RESIDENCE: 930 North Arthur	RESIDENCE: 930 North Arthur
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Michigan	BIRTHPLACE: South Dakota
OCCUPATION: Salesman	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3:45 P ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) W. A. Wreghn

Physician
(Physician or midwife)

Address Pocatello, Idaho

Filed 5/1/ 1922 J. R. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 100752
County of Ada } Date Filed August 5, 1946

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Peggy Lane Stenten (Name on Original Certificate) who Born (Was Born or Died) on April 8, 1922 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Affidavit (Bible Record, Insurance Policy, Etc.) prepared on August 5, 1946 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Peggy Lane Stenten	Margaret Ann Stenton
Mother's Maiden Name	Peggy Lane Stenten	L. Margaret Ogg
Surname	Stenten	Stenton

Subscribed and sworn to before me this 5th day of August, 1946
Catherine H. Robertson
Notary Public, residing at Boise, Idaho
My commission expires 1-1-1948
(Seal)

Signed L. Margaret Ogg Stenton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
114 Bannock Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of August, 1946
Catherine H. Robertson
Notary Public, residing at Boise, Idaho
My commission expires 1-1-1948
(Seal)

Signed Jeanne Erwin
(Signature of Any Credible Person)
130 W. Bannock
(Street Address, City, State)
Boise, Idaho.

MAY 14 19

356209.003-271

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAY 26 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100753

County of Bannock

City of Pocatello

No. 15 21 N. Arthur St. Registration District No. 28 File No. 78

Hospital Primary Registration District No. 5161 Registered No. 4326

FULL NAME OF CHILD Doris May Lewton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Apr 9 1922

What bactericidal solution was used in eyes? 17. ag NO3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Howard Hastings Lewton	FULL MAIDEN NAME	Marjorie Fannie Sparks
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Jewett Ohio	BIRTHPLACE	Dingle, Idaho
OCCUPATION	R.R. Conductor	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4:20 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers
(Physician or midwife)

Address Pocatello Idaho

Filed 5/1 1922 J. Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-111-003-168

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

REC... MAY ... BUREAU OF VITAL STATISTICS

Registration District No. 23 File No. 100754

Primary Registration District No. 2161 Registered No. 4321

FULL NAME OF CHILD Lathond Johnston Bailey
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
m		Yes	4-11-1922

What bactericidal solution was used in eyes? 10 % Argyrol

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Melvin K Bailey	FULL MAIDEN NAME	Stella Johnston
RESIDENCE	Arbon Idaho	RESIDENCE	Arbon Idaho
COLOR	wh AGE AT LAST BIRTHDAY 27 (Years)	COLOR	wh AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Ray M D
Pocatello
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

..... Registrar.

Address .....

Filed 5/1 1922 [signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 1949

669-211-003-236

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 23 BUREAU OF STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 939 N. Lincoln St.

Registration District No. 25

File No. 100755

Hospital

Primary Registration District No. 161

Registered No. 4325

FULL NAME OF CHILD Wanda May Worden
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Apr. (Day) 11 (Year) 1922
female		yes	

What bactericidal solution was used in eyes? 1% AgNO3

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Geo. Earl Worden	FULL MAIDEN NAME	Carmen Seoane
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Gooding Idaho	BIRTHPLACE	London, England
OCCUPATION	Switchman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:25 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Brothers
(Physician or midwife)

Address Pocatello Idaho

Filed 5/1 1922 J. Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 28 1958

993.111.003-315

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Idaho

No. R.F.D. #1 St.

Registration District No. 28

File No. 100756

Hospital

Primary Registration District No. 2161

Registered No. 4327

FULL NAME OF CHILD William Forrel Richardson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Apr. 11 1922

What bactericidal solution was used in eyes? Aqua 3

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	William Richardson	FULL MAIDEN NAME	Jennie Landry
RESIDENCE	Pocatello Ida - R.F.D. #1	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Mont
OCCUPATION	Farming	OCCUPATION	H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Apr. 11/22 - 6 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Miller MD

(Physician or midwife)

Address Pocatello Ida

Filed 5/1 1922 J. R. Young
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395-11-003-713

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

County of Bannock

City of Pocatello

No. 470 St.

Registration District No. [illegible] File No. 100757

Hospital [illegible] Primary Registration District No. 411 Registered No. 433

FULL NAME OF CHILD Lamar Maxfield Livingston

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	April 11 1922

What bactericidal solution was used in eyes? agnos 1%

Number of child of this mother, including present birth 8 Number of child of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	Jas K Livingston	FULL MAIDEN NAME	Nancy Palmer
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ut	BIRTHPLACE	Idg
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 40 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

(Signature) J P Young

(Physician or midwife)

Address Pocatello - Idg

Filed 5/11 1922 J P Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 10 1963

213-212-003-493

Form V. S. No. 11-C--25m-7-21-19

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

100758

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. [illegible] File No. 78

No. Cook Bldg. St.

Primary Registration District No. 2161 Registered No. 4331

Hospital —

FULL NAME OF CHILD Billie Jon. Bateman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	April 12 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Glenn C. Bateman	FULL MAIDEN NAME	Alegra Miles
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Carlsbad N. Mex	BIRTHPLACE	Enid Oklahoma
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Hodden
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address 312 Carlson Bldg. Pocatello

Filed 5/1 1922 J. Young
Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 26 1949

791-23-003-791

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

County of Bannock

City of Pocatello

No. 535 N 6 ave St.

Hospital

CERTIFICATE OF BIRTH

100759

Registration District No. 28 File No. 78

Primary Registration District No. 2161 Registered No. 4332

FULL NAME OF CHILD Minnie Bruena Giannini
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
7		yes.	4-13-1922

What bactericidal solution was used in eyes? agno 3 1%

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Natali Giannini	FULL MAIDEN NAME	Amelia Giannini
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	W AGE AT LAST BIRTHDAY 41 (Years)	COLOR	W AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Laborer	OCCUPATION	Lief

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1 40 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Gaunig
(Physician or midwife)

Address Pocatello Ida

Filed 5/1 1922 J R Gaunig
Registrar

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 8 1970

466-213-003-863

Form V. S. No. 11-C—25m-7-21-19

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 520 N. 8th St.

Hospital No

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

100760

Registration District No. 28 File No. 18

Primary Registration District No. 216 Registered No. 433

FULL NAME OF CHILD May De Lena Moore

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	Apr (Month) 13 (Day) 1922 (Year)

FATHER		MOTHER	
FULL NAME	Burt Moore	FULL MAIDEN NAME	Elsie Yock
RESIDENCE	520 N. 8th	RESIDENCE	520 N. 8th
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Independence Mo.	BIRTHPLACE	Nebraska
OCCUPATION	Teamster	OCCUPATION	H. Wife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lynn
(Physician or midwife)

Address 440 W. Hayden

Given names added from a supplemental report.

____ 19__

Registrar

Filed 5/1 1922 J. E. Young
Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
JUN 19 192
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, 6/10 192 2

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Pocatello

Street: 520 N. 8th Ave.

County:

File Number: 100765

Registration Dist. No.:

Sex of Child: Female

Date of Birth: April 13 192 2

Father: Robert Ellis Moore (Full Name)

Mother: Elsie Lucille Bjock Moore (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Mary Dee Luan Moore
Child's Name in Full

Elsie Moore
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

635-114-003-523

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 2[illegible] 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock
City of Pocatello
No. 631 N. 4th Ave.
Hospital Home

Registration District No. 28 File No. 100761
Primary Registration District No. 2161 Registered No. 4334

FULL NAME OF CHILD Reynalda Ocegueda
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	April 14 1922

What bactericidal solution was used in eyes? Boracic Acid

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Juan Ocegueda	FULL MAIDEN NAME	Juana Estrada
RESIDENCE	631 N. 4th Ave.	RESIDENCE	631 N. 4th Ave.
COLOR	Mexican	COLOR	Mexican
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Common labor	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird
Midwife
(Physician or midwife)

Address 413 So. 4th Ave.

Filed 5/1 1922 [signature]
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-115-003-249

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100762

County of Bannock
City of Pocatello
No. 1½ miles N.W. of Pocatello Registration District No. 28 File No.
Hospital Home Primary Registration District No. 2161 Registered No. 4335

FULL NAME OF CHILD Theodore William Burns
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 15 1922

What bactericidal solution was used in eyes? Boracic Acid

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	William Alonzo Burns	FULL MAIDEN NAME	Nannie Smith
RESIDENCE	1½ mile N. West of Poca.	RESIDENCE	1½ mile N. West of Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Salem Ills	BIRTHPLACE	Benton Ills.
OCCUPATION	Farming	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2.10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ann W. Bird
Midwife
(Physician or midwife)

Address 413 So. 4th Ave.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

Filed ..... 192.. ..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 18 1956

666-117-003-253

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

RECEIVED MAY 22 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 100763

Primary Registration District No. 161

Registered No. 4[illegible]6

FULL NAME OF CHILD LeRoy Franklin Fowler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	April 17 1922 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leonard T. Fowler	FULL MAIDEN NAME	Maggie Kellogg.
RESIDENCE	Pocatello, Ida, So 2nd ave	RESIDENCE	Pocatello, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Lehi, Utah	BIRTHPLACE	Macon Co. Mo.
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) De Ann Newton

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Registrar

Address Pocatello Ida

Filed 5/1 1922 J. K. Young Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281-218-007-365 Rec'd May 23, 1922

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock
City of Pocatello
No. ..... St.
Hospital St. Anthony

Registration District No. 28
Primary Registration District No. 2161

File No. 100764
Registered No. 4337

FULL NAME OF CHILD KATHRYN SHANKLIN
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	April 18 1922

What bacteriecidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 ... Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Charles William Shanklin	FULL MAIDEN NAME	Hattie Loveland
RESIDENCE		RESIDENCE	Bancroft, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Dalton Ohio	BIRTHPLACE	Chesterfield, Idaho
OCCUPATION	farmer	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:15 p. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) W. D. Madden
(Physician or midwife)

Address Pocatello, Idaho

Filed May 1 1922 J. R. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 19 1961

MAY 17 1974

781-12-3 603-669.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock
City of Pocatello
No. 306 N Lincoln
Registration District No. .....
File No. 100766
Hospital .....
Primary Registration District No. 216
Registered No. 4339

FULL NAME OF CHILD Albert Donald Pharris
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	4 21 1922

What bactericidal solution was used in eyes? 10 Argyrol 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Alfred Doyal Pharris	Gladys Virginia Work
RESIDENCE	Pocatello	Same
COLOR	wh	wh
AGE AT LAST BIRTHDAY	29 (Years)	17 (Years)
BIRTHPLACE	Wyo.	Iowa.
OCCUPATION	R.R. brakeman	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L C Ray M D
(Physician or midwife)

Address Pocatello

Filed 5/1 1922 J. H. Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 21 1952

AUG 29 1967

NOV 29 1944

614-223-003-133

PLACE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100767

County of Bannock

City of Pocatello

No. 221 So 3rd St.

Registration District No. 28 File No. 1

Hospital —

Primary Registration District No. 2161 Registered No. 4340

FULL NAME OF CHILD ~~Mary~~ MADELINE ~~Madeline~~ MARY Faure.
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	4-23-1922

What bactericidal solution was used in eyes? yes - 2% AgNO3

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Marion Faure	FULL MAIDEN NAME	Marie Allée
RESIDENCE	221 So 3rd ave	RESIDENCE	221 So 3rd ave
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	France	BIRTHPLACE	France
OCCUPATION	Shops	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7:50 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Lyons

Phy
(Physician or midwife)

Address 440 W. Hayden St.

Filed 5/1 1922 J H Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }
County of BANNOCK } ss.

Certificate No. 100767

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for MARY MAGDELENE (Name on Original Certificate) who BORN (Was Born or Died) on April 28, 1922 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptism Certtf icate (Bible Record, Insurance Policy, Etc.) prepared on May 16, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Mary Magdelene	Madeline Mary Faure

Subscribed and sworn to before me this 16 TH. day of MAY, 19 44

F. F. Tyleman

Notary Public, residing at Pocatello, Idaho

My commission expires Feb. 28, 1948
(Seal)

Signed Marie Faure
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

807 No. 6th
Pocatello, Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }
County of BANNOCK } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of May, 19 44

F. F. Tyleman.

Notary Public, residing at Pocat ello, Idaho

My commission expires Feb. 28, 1948
(Seal)

Signed Mrs Nellie Pearson
(Signature of Any Credible Person Other Than Previous Year)

746 No. 6th.
Pocatello Idaho (Street Address, City, State)

FEB 20 1967

JUN 10 1945

MAY 22 1944

8644/22 003-291

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100768

County of Bannock
City of Pocatello
No. ____ St.
Registration District No. 28 File No. 8
Hospital ____ Primary Registration District No. 2161 Registered No. 1341

FULL NAME OF CHILD Alair Brandt Young
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	4 27 1922

What bactericidal solution was used in eyes? 10% argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Eric Anton Young	Clara Aquaila Brandt
RESIDENCE	Pauline Idaho	Pauline Idaho
COLOR	wh	wh
AGE AT LAST BIRTHDAY (Years)	29	29
BIRTHPLACE	Sweden	Sweden
OCCUPATION	farmer	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4.45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D
(Physician or midwife)

Address Pocatello Ida

Filed 5/1 1922 J H Young
Registrar.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

669-223-003-748

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL

CERTIFICATE OF BIRTH

100769

County of Bannock
City of Pocatello
No. 707 W Wyeth St.
Hospital
Registration District No. 28
File No. 78
Primary Registration District No. 2161
Registered No. 4342

FULL NAME OF CHILD Elaine Verda Fose
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	4-23-1922

What bactericidal solution was used in eyes? argos 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Chas. B Fose	FULL MAIDEN NAME	Flora Guye
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	North Carolina	BIRTHPLACE	Oregon
OCCUPATION	Machinist Helper	OCCUPATION	hw

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3:15 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Young
(Physician or midwife)

Address Pocatello Ida.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 5/1 1922 J H Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 29 1942

JAN 31 1942

113-124-003-366

RECEIVED

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bannock

City of Pocatello

CERTIFICATE OF BIRTH 100770

No. ..... St. Registration District No. ..... File No. 18

Hospital ..... Primary Registration District No. 21 Registered No. 4343

FULL NAME OF CHILD Clifford Irwin Jackson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	and		Yes	4-24-192 2

What bactericidal solution was used in eyes? 10% argyrol

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Irwin Jackson	FULL MAIDEN NAME	Gertrude Cook
RESIDENCE	Pocatello	RESIDENCE	
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Stockman	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Kay M D
(Physician or midwife)

Address Pocatello Idaho

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

Filed 5/1 192 2 J H Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3 1 1967

813-825-003-689

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100771

County of Bannock
City of Pocatello
No. ..... St.
Hospital .....
Registration District No. 28
Primary Registration District No. 2161
File No. 78
Registered No. 4344

FULL NAME OF CHILD Stella May Hale
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes	April 25 1922

What bactericidal solution was used in eyes? Yes Silver nitrate 1% D.

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME Forest Hale	FULL MAIDEN NAME Carrie White
RESIDENCE 846 N Main Pocatello Ida	RESIDENCE same
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Colorado	BIRTHPLACE Nebraska
OCCUPATION Laborer	OCCUPATION Laborer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) Chas W Clark
Physician
(Physician or midwife)
Address Pocatello Ida

Filed 5/1 1922 J H Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made and the number of each, in order of birth stated.

JAN 22 1957

419-127-003-663

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100772

County of [illegible]

City of [illegible]

Registration District No. ..... File No. 78

No. ..... St.

Primary Registration District No. 161 Registered No. 4345

Hospital .....

FULL NAME OF CHILD John Paul Mark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Apr 27 1922

FATHER	MOTHER
FULL NAME Henry Mark	FULL MAIDEN NAME Edith F. Folger
RESIDENCE 328 No. Arthur Pocatello, Ida	RESIDENCE 328 No Arthur St Pocatello, Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Esthonia.	BIRTHPLACE Yale, Ill.
OCCUPATION Machinist	OCCUPATION Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7:20 A. M. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Asa Newton

(Physician or midwife)

Address Pocatello Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 5/1 19 22 [signature] Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 3, 1942

753-228-007-755

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED MAY 23 1922 BUREAU OF VITAL STATISTICS

County of Bannock

City of Pocatello

No. 708 So 2nd St.

Registration District No. 26

File No. 109773

Hospital

Primary Registration District No. 2161

Registered No. 4346

FULL NAME OF CHILD (Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
♂			yes	4 - 28 - 1922

What bactericidal solution was used in eyes? argyrol 1%

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Mitchell Peterson	FULL MAIDEN NAME Lenora Gee
RESIDENCE	Pocatello	RESIDENCE same
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	29	31
BIRTHPLACE	Ut.	BIRTHPLACE Ut.
OCCUPATION	Blacksmith.	OCCUPATION Hsf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive; at 10 15 a. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Young

(Physician or midwife)

Address Pocatello Ida.

Filed 5/1 1922 J. H. Young Registrar.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-229-003-815

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100774

County of Bannock

City of N Pocatello

No. 1795 Jaft St.

Registration District No. 28 File No. 78

Hospital

Primary Registration District No. 216 Registered No. 4347

FULL NAME OF CHILD Ellen Christine Jensen

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	4/29/1922

What bactericidal solution was used in eyes? Argos 1%

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Peter C Jensen	FULL MAIDEN NAME	Helene Hansen
RESIDENCE	Pocatello	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10-9 M. (Born alive or stillborn) **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

(Signature) J H Young M D

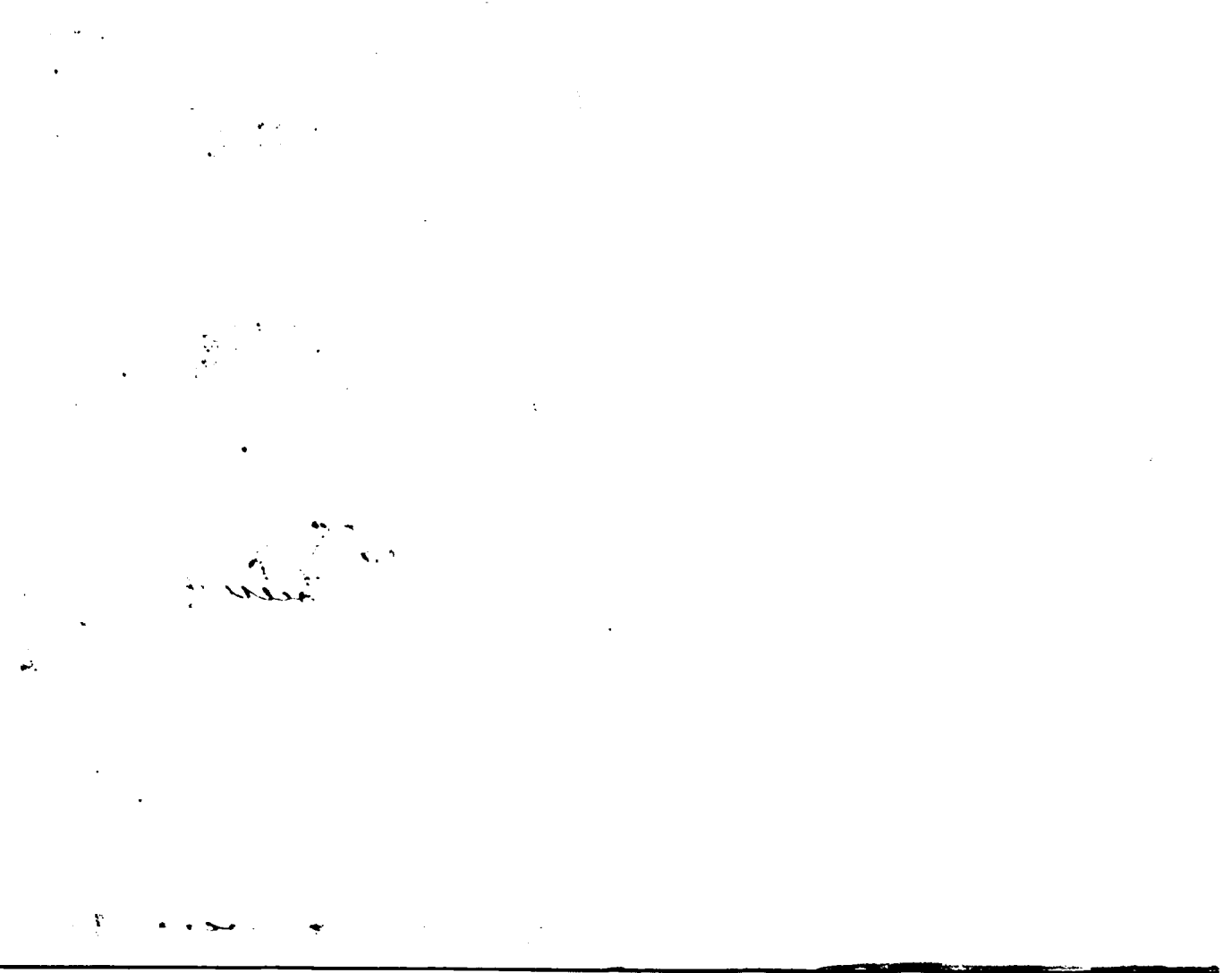
(Physician or midwife)

Address Pocatello Ida

Filed 5/1 1922 J H Young Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



495-129.003-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 218 N.Hayes St.

Hospital Pocatello Gen.

Registration District No. 28 File No. 100775

Primary Registration District No. 216 Registered No. 4348

FULL NAME OF CHILD Donald Wilson Dietz
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	4/29 1922

What bactericidal solution was used in eyes? Ag No3 1%

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Howard S.Dietz	FULL MAIDEN NAME: Jessie Wilson
RESIDENCE: 218 N.Hayes	RESIDENCE: 218 N.Hayes
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Broken Bow, Nebraska	BIRTHPLACE: Dennison, Iowa
OCCUPATION: Manage Thos. Jeff. Instit.	OCCUPATION: Hswf.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 A. M. on the date above stated.

(Signature) W.F. Howard M.D.

physician
(Physician or midwife)

Address Pocatello, Idaho.

Filed 5/1 192[illegible]

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1949

593-47-003-434

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 2 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock
City of Pocatello
No. West Pocatello St.
Hospital Poca. General

Registration District No. 28
Primary Registration District No. 2161

File No. 108777
Registered No. 4350

FULL NAME OF CHILD Marian Nilsson
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	1		1	Yes	Jan 17 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Yes Argyrol

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Alf E. Nilsson	FULL MAIDEN NAME	Jeannette McDonald
RESIDENCE	West Pocatello, Idaho	RESIDENCE	West Pocatello, Idaho
COLOR	White	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Salt Lake, Utah	BIRTHPLACE	Salt Lake Utah
OCCUPATION	Painter	OCCUPATION	Hwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 10 p M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C H Sprague
M.D.
(Physician or midwife)

Address Pocatello Idaho

Filed 5/1 1922 J. Manning
Registrar

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 17 1942

314-121-003-863

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. North 7th St.

Registration District No. 28 File No. 100778

Hospital St. Anthony

Primary Registration District No. 2161 Registered No. 4357

FULL NAME OF CHILD James Clifford Campbell
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	I		1st	Yes	Jan 21 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate 1% gtts

Number of child of this mother, including present birth I Number of child of this mother now living, including present birth I

FATHER		MOTHER	
FULL NAME	Clifford Cecil Campbell	FULL MAIDEN NAME	Dora E. Holton
RESIDENCE	524 So. 11th Ave.	RESIDENCE	524 So. 11th Ave.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Eng	BIRTHPLACE	Oxford England
OCCUPATION	Mariner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dean Newton
(Physician or midwife)

Address Pocatello Ida

Filed 5/1 1922 J. H. Young
Registrar.

Give names added from a supplemental report.

....., 19....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 9 1942

594-225-003-434

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 25 1922 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. Nor. 4th St. Registration District No. 28 File No. 100779

Hospital St. Anthony Primary Registration District No. 2161 Registered No. 4352

FULL NAME OF CHILD Voilet Cecal Eiman
(Certificate of no value without full name of child.)

Sex of Child	~~Twin Triplet~~ or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	I	10th	Yes	Jan. 25 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Silver Nitrate Sol. 1%

Number of child of this mother, including present birth 10 Number of child of this mother now living, including present birth 10

FATHER		MOTHER	
FULL NAME	John Andrew Eiman	FULL MAIDEN NAME	Margaret Anne McMurr
RESIDENCE	1610 Taft Ave	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Russia	BIRTHPLACE	Paradise Utah
OCCUPATION	Chauffeur	OCCUPATION	House-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. M. Newton
(Physician or midwife)

Address Pocatello Ida

Filed 5/1 1922 J. Young
Registrar

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 30 1956

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

755-228-0003-385

County of Bannock RECEIVED

City of Pocatello MAY 23 1922

No. North 7th St. BUREAU OF VITAL STATISTICS

Hospital St. Anthony's

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 100780

Primary Registration District No. 2161 Registered No. 4353

FULL NAME OF CHILD ELIZABETH ANN Penfield

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	/			yes	Jan. 28 1922

What bactericidal solution was used in eyes? Silver Nitrate Sol. 1% 1 drop in each eye

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME Milton F. Penfield	FULL MAIDEN NAME Wilhemina Lynaugh
RESIDENCE 666 West Lewis St	RESIDENCE 666 West Lewis
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE San Francisco Cal.	BIRTHPLACE St. Ignatius Mich.
OCCUPATION Accountant	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 oc A. M. M. on the date above stated.

(Signature) Dean Newton

(Physician or midwife)

Address Pocatello

Filed 5/1 1922 J. H. Young Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Multnomah } ss.

Certificate No. 100780

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ✓ (Birth or Death)
for E. A. Penfield (Name on Original Certificate) who was born (Was Born or Died) on January 28, 1922 (Date of Event)
in Beatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on March 3, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Anna Penfield	Elizabeth Ann Penfield

Subscribed and sworn to before me this 3rd
day of March, 1942
M. L. Neuhausen
Notary Public, residing at Portland, Oregon
My commission expires May 20, 1945
(Seal)

Signed Mrs. W. F. Penfield.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
630 N.E. Laurelhurst Place, Portland, Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Multnomah } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3d
day of March, 1942
M. L. Neuhausen
Notary Public, residing at 2435 N.E. 46th Portland, Ore
My commission expires May 20 - 1945
(Seal)

Signed Mrs. Wilbur I. Funs
(Signature of Any Credible Person Other Than Previous Year)
4112 N.E. Hoyt, Portland, Ore
(Street Address, City, State)

MAR 1 0 1942

787-202-007-619

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 23 1922
BUREAU OF VITAL STATISTICS

County of Bannock

City of Pocatello

No. 128 No 11th St. Registration District No. 28 File No. 100781

Hospital Poca Inst. Primary Registration District No. 2161 Registered No. 4354

FULL NAME OF CHILD Rosalie Eleanor Pyper
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	1		1	Yes	Feb 2 1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Yes – Ag No 3

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	George Munro Pyper	FULL MAIDEN NAME	Grace Farmer
RESIDENCE	128 No 11th Pocatello	RESIDENCE	128 No 11th, Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Salt Lake, Utah	BIRTHPLACE	Riverside Idaho
OCCUPATION	Electrician	OCCUPATION	Hwf

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 05 p M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C H Spencer M.D.
(Physician or midwife)

Address Pocatello Idaho

Filed 5/1 1922 J R Young
Registrar.

Give names added from a supplemental report.

....., 19....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

437-106-003-643

PLACE OF BIRTH Amended Oct. 9, 1951

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock
City of Pocatello
No. North 7th Ave. St.
Hospital St. Anthony's

Registration District No. 28
Primary Registration District No. 2161

File No. 100782
Registered No. 4355

FULL NAME OF CHILD Francis Joseph McGrath
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Feb. 6 1922

What bactericidal solution was used in eyes? silver nitrate sol. 1%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Frank McGrath	FULL MAIDEN NAME: Florence Fulton
RESIDENCE: 1040 S. 5th Ave.	RESIDENCE: 1040 S. 5th Ave.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Quincy, Ill.	BIRTHPLACE: Butte, Mont.
OCCUPATION: Newspaper advertising	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 A. M. on the date above stated.

(Signature) W. A. Wright

physician (Physician or midwife)

Address Pocatello, Ida.

Filed 5/1 1922 J.R.Young Registrar.

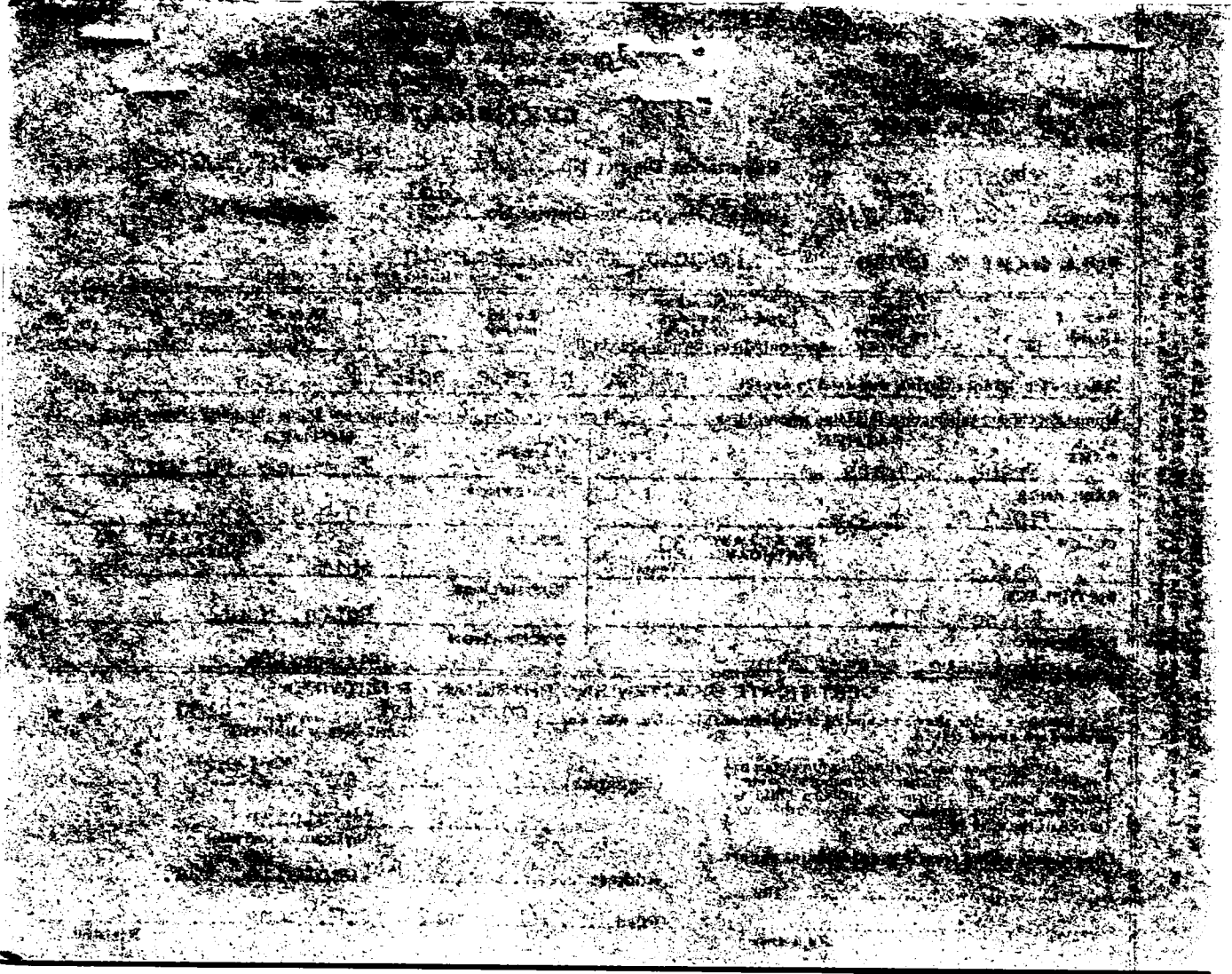
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of New York
County of New York } ss.

Certificate No. 100782

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Francis Joseph McGratt (Name on Original Certificate) who Was born (Was Born or Died) on Feb. 6, 1922 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Last Name (Spelling)	McGratt	McGrath

Subscribed and sworn to before me this 22nd day of September, 19 57

Notary Public, residing at 162 W. 54 St NY 19
My commission expires
(Seal)

Signed (Mrs) Florence Fulton McGrath
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
200 W 54 New York 19 N. Y.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of New York
County of New York } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of September, 19 57

Notary Public, residing at 162 W 54 St NY 19
My commission expires
(Seal)

Signed Leah W. Fain
(Signature of Any Credible Person)
162 West 54 St NY-19
(Street Address, City, State)

FORM DPH - 51-117

238-222-003-219

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100783

County of Bannock
City of Pocatello
No. ____ St.
Registration District No. 28
File No. 98
Hospital St Anthony's Primary Registration District No. 2161
Registered No. 4356

FULL NAME OF CHILD Mary Katherine Schumacher
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	1 (To be answered only in event of plural births)	2	yes	Feb 22 1922

What bactericidal solution was used in eyes? Silver Nitrate 1% sol.

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Otto Anthony Schumacher	FULL MAIDEN NAME	Mary Ovaria Barentsen
RESIDENCE	435 North Hayes	RESIDENCE	435 North Hayes
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Zanesville Ohio	BIRTHPLACE	Atlanta Georgia
OCCUPATION	Undertaker	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 11 30 a. m. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Wright
Physician
(Physician or midwife)

Address Pocatello, Ida.

Give names added from a supplemental report.

....., 19.....

Registrar.

Filed 5/1 1922 J. H. Young
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIR [redacted]

243/114.024-7

County of Bear[illegible]

City of St Charles

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100784

No. _____ St. Registration District No. _____ File No. _____

Hospital _____ Primary Registration District No. 55 Registered No. _____

FULL NAME OF CHILD ELDON O. BULLOCK
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	4-14-1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME	Harold Campbell Bullock	Ivie Peterson
RESIDENCE	St Charles	St Charles
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	25
BIRTHPLACE	Utah	St Charles
OCCUPATION	Shoemaker	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M.D.
(Physician or midwife)

Address Paris Ida

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed May 15 1922 John Mattson
Registrar.

WRITE PLAINLY W.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of [illegible] } ss.
County of Salt Lake

DEC 1 1941

Certificate No. 100784
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for Unnamed Bullock (Name on original certificate) who Born (Was born or died) on April 14, 1922 (Date of event)

in St. Charles, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on June 4, 1922 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name-	Unnamed Bullock	Eldon O. Bullock

Subscribed and sworn to before me this 29 day of November, 1941

Helen Barker

Notary Public, residing at Salt Lake City, Utah

My commission expires September 29, 1945

[SEAL]

Signed Harold C Bullock
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

547 East 27 So
(Street Address, City, State)
Salt Lake City, Utah

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of November, 1941

Helen Barker

Notary Public, residing at Salt Lake City, Utah

My commission expires Sept. 29, 1945

[SEAL]

Signed Warren H. McGuire
(Signature of any credible person other than the previous affiant.)

307 Utah Oil Bldg
(Street Address, City, State) Salt Lake City, Utah

Received for filing on By
(Registrar's signature)

JUL 13 1966

245-127-004-259

PLACE OF BIRTH

County of Bear Lake

City of St. Charles

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 100785

Primary Registration District No. 54 Registered No. .....

FULL NAME OF CHILD Edward Carl Krug

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	4-27-192 2

What bacterioidal solution was used in eyes? Argyrol 10.0%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

FATHER	MOTHER
FULL NAME Jacob Krug Wm.	FULL MAIDEN NAME Lillie Bergeron
RESIDENCE Border	RESIDENCE St Charles
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Montpelier	BIRTHPLACE St Charles
OCCUPATION Farmer	OCCUPATION House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3-30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address Paris Ida

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed May 15 1922 John Mattson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: St. Charles

Street: Idaho

County: Bear Lake Co.

File Number: 100785

Registration Dist. No.:

Sex of Child: Male

Date of Birth: April 27, 1922.

Father: Carl Jacob Kunz (Full Name)

Mother: Sarah Elizabeth Be (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Ellwood Carl Kunz,
Child's Name in Full

Carl Jacob Kunz,
Signature of Father or Mother

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

493-230-004-753

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake
City of St. Charles
No. ..... St.
Registration District No. .....
File No. 100786
Hospital .....
Primary Registration District No. 5-5
Registered No. .....

FULL NAME OF CHILD Elna May Michaelson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	X (and)	X (To be answered only in event of plural births)	Yes	5 30 1922

What bactericidal solution was used in eyes? 10% sol. argyrol

Number of child of this mother, including present birth 6 ... Number of children of this mother now living, including present birth 6

	FATHER	MOTHER
FULL NAME	John Michelson	FULL MAIDEN NAME Cora Peterson
RESIDENCE	St Charles	St Charles
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	31
BIRTHPLACE	St Charles, Ida	St Charles, Ida
OCCUPATION	farmer	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 10 40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O Sutton
Physician
(Physician or midwife)
Address Paris Ida.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

Filed June 1 1922 John Mathon Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STAT

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, 6/10 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

RECEIVED NOV 17 1922 BUREAU OF VITAL STATISTICS

Place of Birth: City .....

Street ..... St Charles

County ..... Bear Lake

File Number 100786

Registration Dist. No. .....

Sex of Child ..... Female

Date of Birth ..... May 30 1922

Father ..... John Michaelson (Full Name)

Mother ..... Nora M. Peterson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

..... Edna May Michaelson (Child's Name in Full)

..... Mrs Nora Michaelson (Signature of Father or Mother)

MAY 26 1972

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

695-112-204-195

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 5 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake
City of St. Charles
No. ____ St. ____
Registration District No. ____
File No. 100787
Hospital ____
Primary Registration District No. 25
Registered No. ____

FULL NAME OF CHILD Sheldon Arnell Wadley
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	X	X		yes	5-12-1922

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Wesley R. Wadley	FULL MAIDEN NAME	Thelma Arnell
RESIDENCE	St Charles	RESIDENCE	St Charles
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	St Charles	BIRTHPLACE	St Charles
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Sutton M.D.
(Physician or midwife)

Address Paris Ida

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed June 1st 1922 John Mattson
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

:RAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
ACH CHILD AND THE SAME COMPLETED WITH THE NAME (

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth
- City: St Charles
- Street: .....
- County: Bell Lake

File Number: 100787

Registration Dist. No. .....

Date of Birth: May 12th 1922

Sex of Child: Male

Father: Raymond Wesley Winder
Full Name

Mother: [illegible] May [illegible]
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

[illegible]
Child's Name in Full

[illegible]
Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

195.104.004-395

PLACE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100788

County of Bear Lake

City of Paris

No. ____ St. ____

Registration District No. 53

File No. 81

Hospital ____

Primary Registration District No. ____

Registered No. ____

FULL NAME OF CHILD Elwood Oscar Arnell

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	4-4-22

What bactericidal solution was used in eyes? Argyrol 1.0 %

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Oscar Swan Arnell	FULL MAIDEN NAME Mary L. Lindsay
RESIDENCE	Paris	RESIDENCE Paris
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	St Charles	BIRTHPLACE Illinois
OCCUPATION	Electrician	OCCUPATION Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5-40 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. P. Pulton M.D.

(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 5-2-1922 Mrs. J. S. Harris Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SH
BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH TH

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Paris

Place of Birth — Street:

Place of Birth — County: Bear Lake

File Number: 100788

Registration Dist. No.:

Sex of Child: Male

Date of Birth: April 4th 1922.

Father: Swan Oscar Arnell
Full Name

Mother: Mary Leona Lindsay
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Elwood Oscar Arnell
Child's Name in Full

Swan Oscar Arnell
Signature of Father or Mother

and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

643262 · 004-453

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

County of Bear Lake
City of Paris
No. ____ St.
Hospital ____

Registration District No. 53
Primary Registration District No. ____

File No. 100789
Registered No. ____

FULL NAME OF CHILD Melone Fuehs
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	4-2-1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Fuehs	Ella Mecham
RESIDENCE	Paris	Paris
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	28
BIRTHPLACE	Paris	Bloomington
OCCUPATION	Farmer	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9-15-P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. P. Sutton M.D.
(Physician or midwife)

Address ____

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed 5-2-1922 Mrs. J. S. Skinner
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SH
EACH CHILD AND THAT IT BE COMPLETE

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Paris

Street:

County: Bearlake

File Number: 100789

Registration Dist. No.:

Sex of Child: Female

Date of Birth: April 2 1922

Father: Henry Fuchs (Full Name)

Mother: Ella A. Meacham (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Delone Fuchs (Child's Name in Full)

Henry Fuchs (Signature of Father or Mother)

- - - - - - - - - - -

JUL 19 1974

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

719-224-004389

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11—25m-9-8-15

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

Registration District No. 63

Primary Registration District No. _____

File No. 100790

Registered No. _____

FULL NAME OF CHILD Mary Parker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				Yes	Apr 24 1922

FATHER

FULL NAME George Elmer Parker

RESIDENCE Paris Idaho

COLOR White

AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Idaho

OCCUPATION farmer

MOTHER

FULL MAIDEN NAME Lula Caroline Christensen

RESIDENCE Paris Idaho

COLOR White

AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A.M. on the date above stated.

(Signature) C O Moon M.D.

(Physician or midwife)

Address _____

Filed 5 2 1922 Mrs. J. S. Skinner
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y-CO. 38071

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEPARTMENT OF PUBLIC WORKS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

RECEIVED
JUN 19 [illegible]
BUREAU OF [illegible]

Boise, Idaho, 6/10 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth:
- City: Paris
- Street:
- County: Bare Lake Co.

File Number: 100790

Registration Dist. No.: 53

Sex of Child: Female

Date of Birth: April 23 1922

Father: George Elmer Parker
Full Name

Mother: Lula Caroline Christen
Full Maiden Name

I HEREBY CERTIFY that the child described herein has been named:

Mary Parker.
Child's Name in Full

George Elmer Parker
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

993-66-884-266

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
MAY 23 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 106791

County of Bear Lake
City of Paris
No. ..... St.
Registration District No. 13
Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Owen Sterling Rich
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	9-16-192[illegible]

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 | Number of children of this mother now living, including present birth 3

	FATHER	MOTHER
FULL NAME	Molando C. Rich	FULL MAIDEN NAME Clara Koford
RESIDENCE	Paris	Paris
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	37
BIRTHPLACE	Paris	Bloomington
OCCUPATION	Common Laborman	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. J. Sutton M.D.
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 5-2-1922 Mrs. J. S. Skinner Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICA[illegible]
BE FILED FOR EACH CHILD AND THE SAME [illegible]

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Paris

Street: .....

County: Bear Lake

File Number: 100791

Registration Dist. No.: 2

Date of Birth: 16 March 1922

Sex of Child: Male

Father: Milando Pratt Rich (Full Name)

Mother: Lelara Koford Rich (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Owen Sterling Rich (Child's Name in Full)

M. Milando C. Rich

Signature of Father or Mother

030

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

366-112-004-289

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED MAY 2 1922

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Registration District No. 43 File No. 100792

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Edward Charles Cook
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	3-12-1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Eldon W. Cook	FULL MAIDEN NAME	Florence Shirley
RESIDENCE	Border, Wyo.	RESIDENCE	Border Wyo.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	St Charles	BIRTHPLACE	Fish Haven
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 30 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R J Pulton
M D
(Physician or midwife)

Address Paris, Idaho

Filed 4-15 1922 Mrs J. S. Skinner
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 14 1944

699-209-004-613

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 100793

County of Bear Lake

City of Lanark

No. ..... St. ..... District No. 53 File No. 88

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Leatha Orr
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	5-9-1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

FATHER		MOTHER	
FULL NAME	David Orr	FULL MAIDEN NAME	Clara Watkins
RESIDENCE	Lanark	RESIDENCE	Lanark
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Liberty	BIRTHPLACE	Liberty
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Hutton
M.W.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Paris Idaho

Filed 6-3 1922 Mrs J S Skinner
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-102-004-445

PLACE OF BIRTH

RECEIVED
JUN 6 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Registration District No. 53

File No. 100784

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Ned Junior Clayton
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		No	5 - 2 1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ned Leroy Clayton	FULL MAIDEN NAME	Lillis Dunn
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Paris	BIRTHPLACE	Georgetown
OCCUPATION	Common laborman	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R Sutton
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Address Paris Idaho

Filed 6-3 1922 Mary S. Skinner
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

2/28/41 L. B.

DECEASED

799207.004955

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100795

County of Bear Lake

City of Bloomington

No. ..... St.

Registration District No. 53

File No. 47

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Osma Mae Price
(Certificate of no value without full name of child.)

Sex of Child Female

Twin Triplet or other? and Number in order of birth
(To be answered only in event of plural births)

Legitimate? Yes

Date of birth 5-7 1922
(Month) (Day) (Year)

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Joseph S. Price	FULL MAIDEN NAME	Elizabeth S. Reese
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Bloomington
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5-55 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Sutton
M-ne
(Physician or midwife)

Address Paris Idaho

Filed 6-3 1922 Mrs. J. S. Skinner
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD
R EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Bloomington

Street: .....

County: Bear Lake

File Number: 100795

Registration Dist. No. .....

Date of Birth: May 7th 1922

Sex of Child: Female

Father: Joseph Stanners Price (Full Name)

Mother: Elizabeth Susanna Reese (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Osma Inae Price

Child's Name in Full

Joseph S. Price

Signature of Father or Mother

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

386126-004-573

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JUN 6 1922 BUREAU OF VITAL STATISTICS

County of Bear Lake

City of Bloomington

No. ..... St. ..... 53 ..... File No. 100796

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Lavlar Burton Thornock
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	4-26-1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Burton A. Thornock	FULL MAIDEN NAME	Hazel M. Egli
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Bloomington	BIRTHPLACE	Paris
OCCUPATION	Laborman	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 9 00 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Sutton
MD
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Paris Ida.

Filed 6-2 1922 Mrs J. S. Skinner
Registrar.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Bloomington

Street: Idaho

County: Bear Lake

File Number: 100796

Registration Dist. No.: 3

Date of Birth: April 26 1922

Sex of Child: Male

Father: Burton Lorenzo Thornock (Full Name)

Mother: ..... (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Lavar Burton Thornock Hazlewood Egg (Child's Name in Full)

Mrs. Burt Thornock (Signature of Father or Mother)

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

844.23.004-243

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 100797

County of Bear Lake
City of Paris
No. ..... St. ..... Registration District No. 63
Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Thelda Genevie Humpherys
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	1	1	Yes	5-15-1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME	Clem Humpherys	FULL MAIDEN NAME Genevie Sutton
RESIDENCE	Paris	RESIDENCE Paris
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years) 22
BIRTHPLACE	Paris	BIRTHPLACE Paris
OCCUPATION	Farmer	OCCUPATION House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Sutton
M.D.
(Physician or midwife)

Address Paris Idaho

Filed 6-3 1922 Miss J. S. Skinner
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 1947

245-212-004-764

PLACE OF BIRTH Amended 12/19/78

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St. Registration District No. 53 File No. 100798

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Violet Smedley
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	5-12-1922

What bactericidal solution was used in eyes? Argyrol 10%

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Calvin B. Smedley	FULL MAIDEN NAME	Grace Ellen Poulsen
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Paris	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. Sutton
M.D.
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address Paris Ida.

Filed 6 3 192 Mrs. J. S. [illegible]
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMA[illegible]
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss. OCT 27 3 39 PM '78

Certificate No. 100798

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Harriet Larue SMEDLEY (Name on Original Certificate) who was born (Was Born or Died) on May 12, 1922 (Date of Event)
in Bear Lake, Co., Paris, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Harriet Larue Smedley	Violet Smedley

Subscribed and sworn to before me this 25 day of September, 1978

Notary Public, residing at Montpelier, Idaho
My commission expires Lifetime
(Seal)

Signed Galvin B. Smedley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

146 East 1 North Paris, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of September, 1978

Notary Public, residing at Montpelier, Idaho
My commission expires Lifetime
(Seal)

Signed Grace E. Smedley
(Signature of Any Credible Person)

146 East 1 North Paris, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 9/13/78 1cc pd.rec. # 15641

Certif of Blessing from LDS Church gives name as Violet Smedley daughter of Calvin Smedley and Grace Ellen Poulsen. born May 12, 1922 at Paris, Idaho Blessed July 2[illegible] 1922. viewed by V. S.

DEC 19 1978

Birth certificate signed by the doctor and given to the parents gives name as Violet Smedley born May 12, 1922 at Paris, Idaho. father's name as Calvin B. Smedley and mother's name as Grace Ellen Poulsen. xx=Viewed by VS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-112-004-469

PLACE OF BIRTH

RECEIVED JUN 6 1922 BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100799

County of Bear Lake

City of Fish Haven

Registration District No. 3

File No. 89

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Dewey Elwood Jensen

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)			Yes	May 12 1922

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John H. Jensen	Alice Christiania Mortenson
RESIDENCE	Fish Haven Idaho	Fish Haven Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	31
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 45 P.M. on the date above stated.

(Signature) C. O. Moore M.D.

(Physician or midwife)

Address .....

Filed 6—3 1922 Mrs. J. S. Skinner

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....

Registrar

S-Y-CO. 38071

DEPARTMENT OF PUBLIC WELFARE

Boise, Idaho, 6/10 192...

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet, at your earliest convenience, in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

Place of Birth — City: Fish Haven — Street: Idaho — County: Bear Lake

File Number: 100799

Registration Dist. No.:

Date of Birth: May 12 192 2

Sex of Child: Male

Father: John Henry Jensen (Full Name) Mother: Alice C Mortenson (Full Maiden Name)

I HEREBY CERTIFY that the child described herein has been named:

Henry Elwood Jensen.
Child's Name in Full

Alice Jensen.
Signature of Father or Mother

SEVERAL REASONS WHY A CERTIFICATE OF BIRTH SHOULD BE FILED FOR EACH CHILD AND THE SAME COMPLETED WITH THE NAME OF CHILD.

- - - - - - - - - - -

Birth registration is part of every child's birthright.

It establishes legally the date of the child's birth, parentage and legitimacy.

It enables the Public Health Nurse to make sure the child has been protected from danger of blindness and other infections at birth.

- - - - IT SHOWS AT LATER PERIODS OF LIFE: - - - -

1. The correct age for purposes of school attendance.
2. Employment.
3. Protection under the law.
4. Military and jury duty.
5. Right to travel unmolested in foreign lands.
6. Right to vote.
7. Right to receive pensions and inherit property.
8. Furnishes acceptable evidence of genealogy.
9. Right to get married.
10. Just at this time while many of the Ex-Service men are compelled to furnish certified copies of certificates of birth, it is important that the certificates be filed with the BUREAU OF VITAL STATISTICS and the same completed by furnishing the name of the child.

PLEASE ASSIST BY FURNISHING THE NAME OF YOUR CHILD.

962-226-004-613

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 6 1922
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

100800

County of Bear Lake
City of Lanark
No. ____ St.
Registration District No. 53
File No. 83
Hospital ____
Primary Registration District No. ____
Registered No. ____

FULL NAME OF CHILD Eugene Roberts
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and	Second	yes	4-26-1922

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Owen Roberts	FULL MAIDEN NAME	Mary Ann Watkins
RESIDENCE	Lanark	RESIDENCE	Lanark
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Liberty
OCCUPATION	Farmer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 a. M. on the date above stated.
(Born alive or stillborn)

(Signature) J. D. Sutton M.D.
(Physician or midwife)

Address Paris Ida.

Filed 6-2-1922 Mrs. J. S. Stevens
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PUBLI
OF